UNITED
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Economic and Social
Council

Distr.
GENERAL

E/CN.7/1996/2
11 March 1996

ORIGINAL: ENGLISH

COMMISSION ON NARCOTIC DRUGS
Thirty-ninth session
Vienna, 16-25 April 1996
Item 3 of the provisional agenda*

GENERAL DEBATE: GOVERNMENT ACTION TO IMPLEMENT THE GLOBAL PROGRAMME OF ACTION AND POLICY DIRECTIVES ADDRESSED TO THE UNITED NATIONS INTERNATIONAL DRUG CONTROL PROGRAMME, INCLUDING FOLLOW-UP TO GENERAL ASSEMBLY RESOLUTION 48/12

Activities of the United Nations International Drug Control Programme

Report of the Executive Director

Summary

The present report contains a review of the following topics: the principal activities and strategic direction of the United Nations International Drug Control Programme (UNDCP) during 1995; its efforts to involve specialized agencies and programmes of the United Nations in drug control; action taken to mobilize the participation of intergovernmental and non-governmental organizations and the international financial institutions in drug-control activities; and progress towards consolidating the position of UNDCP as a centre of excellence and a focal point for international drug control. By implementing a package of well-targeted technical cooperation programmes, UNDCP continued in 1995 to support the efforts of Governments to combat the drugs problem. It acted as an honest broker, promoting closer cooperation between Governments at the subregional level, particularly in order to counter cross-border illicit trafficking. Subregional cooperation was one of the successful strategic initiatives of UNDCP in 1995. The report also examines the financial situation of UNDCP, on which the sustainability of its activities and its effective functioning depend.

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INTRODUCTION

1. The year 1995 was an historical one for the United Nations, which celebrated its fiftieth anniversary, and for the United Nations International Drug Control Programme (UNDCP), which completed the first five-year cycle since its establishment by the General Assembly in its resolution 45/179 of 21 December 1990. Following a period of integration, restructuring and consolidation, UNDCP defined the main focus of its action, and determined the strategic direction and priorities that would govern the implementation of its wide and challenging mandates. In that regard, a strategic document, the new medium-term plan, is before the Commission on Narcotic Drugs for information. From a strategic perspective, 1995 was also significant because during the year, the biennium budget of the Fund of UNDCP was examined by the Commission for the second time. In December 1995, the Commission, at its reconvened thirty-eighth session, approved the final budget and performance report for the biennium 1994-1995 and the proposed initial budget for the biennium 1996-1997. The present report includes an analysis of the financial situation of UNDCP and proposals for strengthening its financial base.

2. During the reporting period, the international community paid increased attention to the illicit traffic in, and abuse of, narcotic drugs and psychotropic substances, acknowledged to be a major threat to the fabric of society and the security of States. The gravity of the situation was recognized by heads of State or Government in addressing the General Assembly at its fiftieth anniversary session, and was reflected in the final declaration adopted on that occasion. Nevertheless, while the situation remained critical, several windows of opportunity opened up, and unprecedented strides were made in combating the illicit supply of drugs and in countering drug abuse. Of particular significance were political developments in south-east Asia, where Governments committed themselves to cooperate more closely in fighting the drug menace.

3. The activities of UNDCP covered in the present report include action taken at the national, regional and international levels. UNDCP has sought, through a balanced approach targeting both illicit traffic and demand, directly to support government efforts to combat the drugs problem at the national level, and has given prominence to the formulation and implementation of national drug-control master plans and to strengthening national institutions mandated to implement them. The regional approach has provided UNDCP with a viable means of promoting enhanced cooperation, in particular cross-border cooperation, between Governments fighting the drug menace in vulnerable regions. The reporting period was also characterized by intensified inter-agency coordination and cooperation with regional and international organizations, particularly the international financial institutions. During 1995, in striving to forge a global response to the drugs threat, UNDCP played a catalytic role in mobilizing Governments, as well as programmes and agencies both within and outside the United Nations system, to take an active part in such a worldwide endeavour.

I. COUNTRY-LEVEL ACTIVITIES

A. Africa

4. The sustainability of the current undertakings and plans for dealing with the issue of drug abuse and illicit trafficking depends to a large extent on national capabilities to support such action. Accordingly, one of the priorities of UNDCP in Africa has been to support Governments in the establishment or strengthening of their institutional capabilities. In 1995, UNDCP assisted nine States in West Africa (Benin, Burkina Faso, Côte d'Ivoire, Ghana, Guinea, Guinea-Bissau, Liberia, Mauritania and Nigeria) in preparing their interministerial policy planning and coordination bodies to carry out the tasks entrusted to them. To that end, 132 senior national officials, most of them members of the interministerial bodies, were trained in legislation, drug law enforcement and public health measures. Many of them were trained to serve as future trainers.

5. In central Africa, which has been severely afflicted by political, economic and financial crises, UNDCP has had to reorient its activities. UNDCP was able to contribute to strengthening the operational capacity

of interministerial coordinating bodies in 11 States in central Africa. Nine States, namely, Angola, Burundi, Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Sao Tome and Principe and Zaire, had established interministerial coordinating bodies, and seven of them were functioning satisfactorily.

6. In eastern and southern Africa, UNDCP, by playing an advocacy role, contributed to activating the interministerial committees in Kenya, Uganda and United Republic of Tanzania. In 1995, coordinating bodies in the field of drug control were established in Lesotho, Madagascar, Namibia and South Africa. The establishment of coordinating bodies is essential to the elaboration and implementation of national drug-control strategies and master plans. In 1995, Niger and Zambia initiated preparation of their national master plans. UNDCP contributed to the elaboration and adoption of a national drug-control strategy in Nigeria, and a national drug-control master plan was completed in Namibia.

7. UNDCP also provided assistance in training, an essential part of the national process of capacity-building, to 105 drug law enforcement officers from Kenya, Malawi, Swaziland, Zambia and Zimbabwe, who received specialized training in investigative techniques and detection methods.

8. In 1995, given the increasing scale of traffic in and through South Africa, UNDCP launched initiatives to support the Government of that country in its efforts to combat the drug phenomenon. Those initiatives included support for specific projects, such as the measures recently taken to promote capacity-building and human resources development by means of training in drug interdiction. The objective is to strengthen the drug detection capability of law enforcement agencies and the investigative methods used in drugs-related cases.

9. UNDCP completed a programme designed to assist the Government of Egypt, through its Anti-Narcotics General Administration, in interdicting drug trafficking and illicit cultivation and in promoting more effective anti-drug operations by delivering technical, communications and training equipment.

10. In order to obtain more comprehensive information on the nature and extent of drug abuse, UNDCP launched a series of drug-abuse assessment surveys in selected African countries. In 1995, the results of the rapid assessment study undertaken in Kenya were instrumental in providing basic information to enable the Government to elaborate demand-reduction programmes, focusing on youth and young adults identified as primary risk groups. Similarly, in Ethiopia, a rapid assessment study was conducted and completed. The results will assist the Government in establishing national policies and strategies in demand reduction. In Egypt, UNDCP laid the groundwork for an assessment study to be undertaken in 1996.

11. In 1995, UNDCP continued to give special attention to preventive education. An example of its concern with the subject was the involvement of radio stations in Botswana, Lesotho, Malawi, Mauritius, Namibia, Seychelles, South Africa, Union Republic of Tanzania, Zambia and Zimbabwe in programmes to make youth sensitive to the problem of drug abuse and illicit trafficking. Another example was the preparation, in central Africa, of a comics strip involving inputs by artists from different countries, with UNDCP assistance, targeting a youth population of about 400,000.

12. In 1995, UNDCP, as part of its demand-reduction strategy to mobilize the whole of civil society, endeavoured to strengthen the operational capacities of selected non-governmental organizations in eastern and southern Africa. During the reporting period, UNDCP assisted non-governmental organizations in Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia and Zimbabwe in strengthening their organizational structures and demand-reduction activities. Steps were taken to promote the networking of those organizations and to support their drug-control activities.

13. Insufficient human and financial resources and limited administrative capacities and logistical infrastructure contributed to the low absorptive capacity characteristic of several States of the region, and to a level of activities lower than that envisaged by UNDCP. Furthermore, overestimation of counterpart

capabilities and operational difficulties encountered by executing agencies adversely affected the implementation of drug-control activities.

B. Asia and the Pacific

14. During 1995, UNDCP continued to monitor illicit cultivation of opium poppy in Afghanistan. The results of the UNDCP 1994/95 ground survey of illicit cultivation of opium poppy in Afghanistan confirmed the position of that country as the major producer of illicit opiates in the Golden Crescent of south-west Asia and as a principal source of heroin for the European market. In response to the rapid increase in opium poppy cultivation in recent years, UNDCP fielded a multidisciplinary mission to Afghanistan with a view to preparing a national drug-control strategy and programme of assistance. During 1995, UNDCP continued its efforts to assist Afghanistan, particularly in reducing illicit supply and in demand-reduction activities. The fragile and uncertain political situation in the country has not been conducive to the elaboration and implementation of drug-control activities, a factor which has prevented Afghanistan from participating in subregional cooperation initiatives.

15. A rapid assessment of the situation with regard to drug abuse control in Bangladesh, including the national institutional framework, began in July 1995. A national demand-reduction strategy was being developed, through workshops involving a wide cross-section of concerned agencies. The strengthening of law enforcement agencies was initiated with a series of training activities.

16. During 1995, demand reduction and law enforcement missions were undertaken in Cambodia. The Government established a national interministerial drug-control coordinating body in 1995, and UNDCP was supporting the institutional capacity-building efforts. UNDCP had provided legal advisory services to the Government in 1994 to draft drug-control legislation which is currently awaiting enactment. In May 1995, Cambodia joined the UNDCP subregional arrangement for south-east Asia by signing a memorandum of understanding.

17. In China, UNDCP pursued the implementation of a three-year project aimed at enhancing the capacity of the police and customs drug law enforcement bodies in Yunnan Province. Under the cross-border law enforcement project between China and Myanmar, arrangements were under way for the first official meeting of law enforcement officers, to be held in the border town of Ruili, in Yunnan Province. Project implementation teams for demand-reduction activities in the border areas have conducted training in community-based prevention, treatment and rehabilitation at Ruili.

18. During the reporting period, UNDCP completed its main activities in India, which had been focused on drug law enforcement, demand reduction and strengthening national capacities. Community-based demand-reduction programmes, including prevention of drug abuse in the workplace, were initiated. However, UNDCP was not able to implement the comprehensive drug control programme it had envisaged because of institutional gaps and weak cooperation between drug control agencies at the national level. Future projects are being developed with a view to strengthening national capacities in the areas of demand reduction, law enforcement, collection and dissemination of drug-control information and training.

19. In the Lao People's Democratic Republic, the UNDCP-supported project under way in the Xai Som Boum Special Region has integrated demand- and supply-reduction activities into its rural development component. Opium production in the project area dropped from 3.5 tonnes in 1989 to less than 100 kilograms in 1994/95. The number of drug abusers in the target area has decreased by 50 per cent. UNDCP continued to provide technical assistance for the Highland Development Programme at Xieng Khouang, for which the International Fund for Agricultural Development (IFAD) provided agricultural loans. During the course of 1994 and 1995, about 2,000 villagers earned alternative income through labour-intensive road construction, which contributed to a marked decrease in poppy cultivation. UNDCP initiated, in 1995, a follow-up to the project in the north-western border areas of the Lao People's Democratic Republic,

covering community-based activities in agriculture, health and education. UNDCP also assisted the Government in the implementation of its Comprehensive Drug Control Programme, through training of Lao officials and support for programme development.

20. Myanmar was one of the major producers of illicit opiates. It remained the principal producer of illicit opiates in the Golden Triangle of south-east Asia and the major source of heroin found in the illicit North American market in 1994/95, taking advantage of favourable political developments, UNDCP assisted the Government in the elaboration of an alternative development project involving a minority group (the Wa) in northern Myanmar. UNDCP was currently cooperating with the Government and involving that minority group in developing a five-year project to reduce the supply of, and local demand for, opium in the southern region, through a sustainable, community-based approach.

21. During 1995, UNDCP supported a rapid assessment study covering mining areas, border towns, poppy cultivation areas and high-risk urban areas in Myanmar. The assessment indicated that heroin had become the dominant drug of abuse, and confirmed the prevalence of a high rate of HIV-infection among hard-core abusers. UNDCP was also engaged in demand-reduction activities aimed at improving and strengthening the research and treatment capacity of the Yangon Drug Treatment and Research Unit, so that it could become the resource centre for treatment of drug abusers and the focal point for regional cooperation among drug treatment institutions in the country. Myanmar had become a major partner in subregional programmes aimed at supply reduction in border areas, demand reduction and law enforcement. The unstable political situation along the border between Myanmar and Thailand and in other opium-producing border areas led to interruptions in UNDCP project activities, and slowed the pace of their implementation.

22. UNDCP cooperated with the Government of Malaysia in the enhancement of the drug-abuse detection programme of that Government and in a demand-reduction project designed to upgrade the professional competence of personnel involved in education, information, treatment and rehabilitation. UNDCP has begun consultations at the technical level with the Government of Indonesia in its initiative to develop a comprehensive national drug-control master plan.

23. UNDCP cooperated with the Government of Nepal in the elaboration of demand-reduction strategies and the preparation of a demand-reduction action plan, in consultation with non-governmental organizations. Activities aimed at improving national capacities in project design and programme implementation were carried out for the Government and for the staff of non-governmental organizations. In the law enforcement sector, activities continued to focus on national capacity-building. In both Bangladesh and Nepal, the appointment of a programme coordinator contributed to a significant improvement in the implementation of the drug-control master plan programme. In Sri Lanka, UNDCP activities were focused on improving coordination among government agencies and on supporting non-governmental organizations in undertaking demand-reduction activities.

24. In Pakistan, UNDCP supported Government efforts to develop a national master plan for drug control. A tripartite review meeting endorsed the UNDCP alternative development programme in the North-West Frontier Province, complemented by government law enforcement measures. The meeting considered the programme to be proceeding smoothly after having overcome some difficulties during the first year of implementation. The area under illicit cultivation of opium poppy was reduced from 7,329 hectares in 1992/93 to 5,215 hectares in 1994/95. In the Dir District, opium poppy cultivation has been reduced by 32 per cent during the past two years. UNDCP has continued its project designed to promote national capacity-building in the field of demand reduction, and is supporting the Government in developing a demand-reduction project. UNDCP and the Crime Prevention and Criminal Justice Division of the Secretariat undertook a joint fact-finding mission to Pakistan on organized crime and drugs.

25. UNDCP terminated its alternative development assistance programme in northern Thailand in 1994. During the reporting period, activities undertaken by UNDCP were mostly concerned with demand reduction,

including two community-based demand-reduction projects dealing with the growing problems related to heroin abuse in the highlands. Thailand continued to play a key role in regional cooperation, and was making available its expertise and experience to other countries in the region.

26. In Viet Nam, the Government has completed the development of a national drug-control master plan with UNDCP assistance, and several pilot projects have been formulated in the field of demand reduction, law enforcement and institution-building. To address the problem of opium poppy cultivation, a demonstration alternative development project has been launched in the major opium-producing area. It has focused on strengthening the national capacity to bring about socio-economic changes that will enable farmers to eliminate opium poppy cultivation and opium abuse. In May 1995, Viet Nam joined the UNDCP south-east Asian subregional arrangement by signing the memorandum of understanding governing cooperation between States in that subregion.

C. Europe and the Middle East

27. The UNDCP strategy for central and eastern Europe continued to focus on improving coordination between Governments in the planning, design and funding of drug-control programmes, and involved the launching of several new multisectoral programmes aimed at capacity-building in the region, including the Baltic States, and in the member States of the Commonwealth of Independent States (CIS). In line with the balanced drug-control approach of UNDCP, new demand-reduction activities were initiated. During 1995, the UNDCP Regional Office at Riga and the country office for Lebanon became fully operational.

28. In central and eastern Europe, UNDCP technical cooperation programmes supported drug-control activities of the Governments of Bulgaria, Czech Republic, Greece, Poland, Slovakia and Turkey. In 1995, UNDCP developed a regional programme, to be initiated in 1996, for the control of licit drugs. During the reporting period, UNDCP began implementation of a package of six regional and national projects covering control measures, demand reduction and drug-policy formulation in Czech Republic, Hungary, Poland, Slovakia and Slovenia. UNDCP also elaborated a subregional cooperation programme for drug law enforcement in the Baltic States and a master plan for Latvia.

29. UNDCP provided assistance to eight CIS member States in drafting national drug-control laws and regulations. Support was also provided to Belarus, Kyrgyzstan, Ukraine and Uzbekistan. During 1996, Kazakstan and Turkmenistan will be supported through projects elaborated during the reporting period in institution-building, strategy development and improvement in control measures. UNDCP and officials of the Russian Federation made preparations for a technical consultation on drug control in the Russian Federation.

30. In the Near and Middle East, the first phase of the integrated area development programme for the Bekaa Valley in Lebanon was completed. A detailed plan for the next phase of programme development and a comprehensive development plan for the region were prepared. UNDCP completed a programme of assistance to provide local authorities with the means of sustaining and improving their capacity to detect and eradicate illicit crops.

D. Latin America and the Caribbean

31. During 1995, UNDCP cooperated with the health authorities of the Bahamas, Barbados, Dominican Republic, Jamaica and Trinidad and Tobago in providing training in treatment, rehabilitation and social reintegration. UNDCP also cooperated with the national and municipal authorities in Colombia, which, in coordination with non-governmental organizations, established referral systems for treatment, rehabilitation and social reintegration. The epidemiological drug-monitoring system set up with UNDCP assistance has been adopted as the national standard by the Ministry of Health of Colombia. In 1995, UNDCP started the "Caribbean Regional Certificate Programme in Addiction Studies" aimed at assisting Governments and

non-governmental organizations in the English-speaking Caribbean States to provide drug-abuse prevention, treatment and rehabilitation programmes.

32. The situation with regard to drug abuse and illicit trafficking among youth in vulnerable conditions was analysed in Jamaica, Trinidad and Tobago, Saint Vincent and the Grenadines and the territory of Saint Martin. The results were used as a source of information from which demand-reduction programmes for such youth could be developed. A similar rapid assessment survey of drug abuse conducted in four major cities in Ecuador provided the authorities with the information required to design better-targeted national demand-reduction programmes.

33. With regard to drug law enforcement training, approximately 500 drug-control police and customs officials of several States in Latin America and the Caribbean were trained under the ongoing UNDCP programmes with the Caribbean Customs Law Enforcement Council (CCLEC) and the World Customs Organization (WCO). In cooperation with the International Criminal Police Organization (ICPO/Interpol), telecommunications systems continue to be improved in 28 States and territories in the Caribbean region, while in Latin America, UNDCP supported WCO in improving the capability of the customs authorities to gather and analyse information in Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Guyana, Paraguay, Peru, Uruguay and Venezuela. About 140 law enforcement officers from Caribbean customs, air and seaport security administrations were trained in precursor control, investigation techniques and intelligence gathering at the *Centre interministériel de formation anti-drogues* (CIFAD) (Interministerial Drug Control Training Centre) in Martinique. Training was provided for prosecutors and magistrates from Bahamas, Belize, Guyana and the English-speaking islands of the eastern Caribbean.

34. Some major UNDCP drug-control initiatives in Latin America included new programmes to provide training and equip the national drug-control commissions in Brazil; technical support to enhance the capabilities of national institutions responsible for the control of precursors and essential chemicals in Bolivia and Colombia; advisory legal and legislative development services to facilitate the updating of drug-control legislation in Brazil, Colombia and the States of Central America; and the undertaking of country assessments, the provision of advisory services, awareness creation measures and training in ways and means of countering money-laundering in Bolivia, Brazil, Colombia and Peru.

35. During 1994/95, UNDCP investments in alternative development in the Andean region resulted in the cumulative eradication of about 10,000 hectares of illicit coca-bush cultivation and the provision of services and alternative income-generating activities for about 33,000 peasant families involved in illicit crop cultivation. In Bolivia, Colombia and Peru, alternative development programmes appeared to have reached a stage where they could be transferred to the respective national authorities and beneficiary organizations. The process was most advanced in Colombia, where, with UNDCP support, the Government had developed a national alternative development plan which it was funding with its own resources. In Bolivia, pilot agro-industrial enterprises and other social and productive infrastructure were transferred to the beneficiaries, while similar transfer arrangements were being developed under UNDCP-funded projects in Peru. Despite the efforts of the three Andean countries, however, alternative development programmes have not yet succeeded in mobilizing sufficient additional resources to permit the complete phasing-out of UNDCP investment in social and capital infrastructure.

36. In the Andean region, UNDCP assisted the authorities in enlisting support from, and gaining access to the financial resources of, the national and international community, particularly the international financial institutions and the private sector, so that they could pursue their alternative development programmes. In order to strengthen the technical capacity of the UNDCP country offices in Bolivia, Colombia and Peru, UNDCP approved in 1995 the appointment of a Regional Alternative Development Adviser, based at Lima.

37. During the reporting period, UNDCP assisted 14 countries in the Caribbean and six countries in Latin America in updating and finalizing their national drug-control plans. It also supported efforts to strengthen

institutions, and provided advisory planning services to assist national drug-control commissions in formulating national drug-control plans and in the gathering and analysis of information, in Bahamas, Barbados, Brazil, Colombia, Netherlands Antilles, Nicaragua and Trinidad and Tobago. Such planning instruments provide the basis for setting drug-control priorities at the country and regional levels. UNDCP will be seeking to link the drug-control dimension to the wider context of development, wherever appropriate. In that regard, it plans to develop a programme to reduce the demand for illicit drugs in low-income communities through programme support to the Jamaica National Poverty Eradication Programme.

38. In 1995, in the context of preventive education programmes, over 650,000 schoolchildren were reached through the development of school curricula in Bahamas, Barbados, Bolivia, Colombia, Dominica, Dominican Republic, Jamaica, Saint Vincent and the Grenadines, Trinidad and Tobago and the territories of Anguilla, British Virgin Islands, Netherlands Antilles and Turks and Caicos Islands. Preventive education programmes, including income-generating activities undertaken in out-of-school settings, will concern approximately 100,000 street children at risk in Bahamas, Barbados, Bolivia, Colombia, Dominican Republic, Ecuador and Trinidad and Tobago. The authorities in Colombia have assumed full ownership, including the responsibility for funding, of four municipal plans designed to prevent drug abuse and of the national campaign against drug abuse conducted through the mass media and initiated with UNDCP support.

39. Mass-media campaigns targeting specific groups at risk were implemented in Bahamas, Barbados, Brazil, Colombia, Dominican Republic, Netherlands Antilles and Trinidad and Tobago. In Brazil, Jamaica and Mexico, UNDCP, in collaboration with the International Labour Organization (ILO), has established programmes for the prevention of drug abuse in the workplace, involving both the communities in which the workers live and their families.

40. At the regional level, integrated programmes have been devised to prevent drug abuse by promoting education and vocational training, by advocating sports and healthy lifestyles as alternatives to drug abuse, and by focusing on the identification of risk factors associated with drug abuse. Furthermore, programmes in Bahamas, Brazil, Colombia and Trinidad and Tobago incorporate preventive education and treatment and rehabilitation services, specifically for women, the family and risk groups such as intravenous drug abusers.

41. In several States, particularly Bolivia, Brazil, Colombia and Jamaica, as well as other Caribbean States, improved coordination with Governments, donors and other agencies in 1995 enabled UNDCP to link demand reduction concerns to wider national health and education programmes. It acted in close collaboration with organizations and programmes within the United Nations system, such as the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), ILO, the World Health Organization (WHO) and the World Bank, as well as with the European Union, the Pan American Health Organization and bilateral partners. Thus, in the context of wider national programmes and linkages with other agencies, the relevance and cost-effectiveness of the UNDCP contribution is significantly increasing.

E. Drug-control master plans

42. During the reporting period, UNDCP provided advice and selective assistance to 28 States in the formulation of national drug-control master plans. Five States were assisted through comprehensive master-plan projects, while the other 23 received specialist advice in selected technical areas.

43. In compliance with the request of the Commission at its thirty-eighth session, UNDCP has prepared a report containing information on the status of drug-control master plans, and setting out specific options to assist the Commission in deciding how it might wish to consider the matter in the future. That report (E/CN.7/1996/13) will be considered under agenda item 8 on national drug-control master plans.

II. REGIONAL ACTIVITIES

A. Africa

44. In 1995, as a follow-up to the memorandum of understanding adopted in 1994 by UNDCP and the Organization of African Unity (OAU), UNDCP provided technical assistance to OAU in the preparation of a draft plan of action and a draft declaration for drug control at the continental level. One of the main features of the draft plan of action is the appeal to regional institutions to support efforts to combat the drugs problem.

45. In 1995, a UNDCP subregional workshop, held at Saint Denis, Réunion, for justice officials of Indian Ocean States on judicial cooperation against drugs identified areas in which the participating States, including Comoros, Madagascar, Mauritius, Réunion and Seychelles, could increase their cooperation. The workshop addressed the issue of harmonization of legislation and implementation of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.[1]

46. UNDCP participated in a conference on cross-border trafficking, organized by the Southern African Development Community (SADC) and the European Union and held at Mmabatho, South Africa, from 30 October to 4 November 1995. A draft protocol on combating illicit drugs in southern Africa was adopted, including provisions on cooperation in drug law enforcement and on the adoption of legislative and administrative measures against corruption. UNDCP advocacy work and its involvement with SADC follow its strategy of contributing, through regional institutions, to the establishment and strengthening of regional programmes in drug control. UNDCP support of the above-mentioned conference complements the assistance it provides to the member States of SADC in the implementation of the plan of action for cooperation in investigating drug-trafficking offences and prosecution of traffickers, adopted at the UNDCP-sponsored legal workshop held at Pretoria in 1994.

47. In 1995, UNDCP, in cooperation with WCO, ensured, through the provision of training and equipment, the effective operation of the network of regional intelligence liaison offices (RILOs) in the following 14 States: Botswana, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Namibia, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe. The network aims at strengthening the capabilities of customs services in the gathering and analysis of information. It contributed to the WCO central information system, and received, for the first time, reports on about 90 seizures carried out in the region. The problems that marred the functioning of the Economic Community of Central African States (ECCAS) required that UNDCP reconsider its approach in providing support to States in central Africa. The subregional project, previously implemented by ECCAS, as the UNDCP counterpart, was revised, and a country-by-country mode of implementation was adopted.

B. Asia and the Pacific

48. A landmark development in subregional cooperation in south-east Asia was the adoption of a plan of action at a ministerial meeting held at Beijing in May 1995 by the signatories to the UNDCP memorandum of understanding concerning south-east Asia. The States involved were Cambodia, China, Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam. Eleven subregional projects proposed under the plan of action were to be launched in early 1996. UNDCP coordinated its programme with the three-year plan of action adopted by the Association of South-East Asian Nations (ASEAN) at the meeting of its senior officials held in 1995. UNDCP will continue to participate as an observer in future meetings of senior officials of ASEAN on drug control.

49. The implementation of activities during the first year of a joint project between the Islamic Republic of Iran, Pakistan and UNDCP designed to strengthen the surveillance capabilities of law enforcement agencies in the border areas of the two countries was completed. While the national drug law enforcement capabilities

have improved considerably, more attention should be given to cross-border cooperation in dealing with drug trafficking. Another development in south-west Asia was the increased collaboration between India and Pakistan, initiated by UNDCP, on drug-control matters. Agreement was reached in 1995 to undertake controlled deliveries, to exchange the names of officials who will serve as contacts at the field level in connection with anti-drug operations, and to establish joint telecommunication facilities.

50. In the Pacific region, UNDCP initiated, during the reporting period, a three-year programme to provide support to the drug-law enforcement training scheme implemented by the South Pacific Forum.

51. To continue to bolster subregional cooperation in south-west Asia, UNDCP signed a memorandum of understanding in August 1995 with the South Asian Association for Regional Cooperation (SAARC). UNDCP supported SAARC drug-control activities by providing technical assistance to workshops organized by SAARC on drug law enforcement and demand reduction. A memorandum of understanding between UNDCP and the Economic Cooperation Organization (ECO), providing a further framework for collaboration in drug-control activities between the States of south-west Asia and CIS member States in central Asia, was signed in March 1995. In that regard, UNDCP provided technical support to ECO efforts in the formulation of a regional drug-control policy, and participated in the meeting held by ECO at Tehran in November 1995 to elaborate its drug-control plan.

52. During the biennium 1996-1997, it is foreseen that UNDCP will extend its support of subregional activities within the framework of the memoranda of understanding signed with ECO and SAARC, and provide guidance and support to the implementation of the Beijing plan of action by its six signatory States in south-east Asia. Planned activities will cover demand and supply reduction and drug law enforcement measures, targeting, in particular, cross-border cooperation, precursors, money-laundering and harmonization of drug-control legislation between neighbouring States.

C. Europe and the Middle East

53. During 1995, the UNDCP coordination mechanism continued to serve as the axis for the provision of technical assistance in the field of drug control to central and eastern Europe, the Baltic States and CIS member States. UNDCP continued to act as the "honest broker" between donor and recipient countries, involving them at the project planning and formulation stage of new subregional programmes and initiatives.

54. In central Europe, the Governments of Czech Republic, Hungary, Poland, Slovakia and Slovenia signed a memorandum of understanding with UNDCP on subregional cooperation at a ministerial meeting held in October 1995. As a result, joint activities have been undertaken in the fields of demand reduction, law enforcement and policy formulation. During 1995, UNDCP laid the groundwork for a subregional cooperation programme for the five CIS member States in central Asia by organizing a preparatory meeting at Lake Issyk-kul, Kyrgyzstan, in April 1995 to identify the most pressing drug-control problems requiring coordinated subregional action.

55. UNDCP continued its cooperation with WCO in the implementation of the RILO project for 21 States of central and eastern Europe. At a project review meeting attended by all States concerned with the project, and by UNDCP, ICPO/Interpol and WCO, participants agreed on specific steps to further improve inter-agency cooperation at the national, regional and international levels.

56. Cooperation was continued with the Pompidou Group of the Council of Europe, ILO and WHO in the formulation and implementation of regional demand-reduction projects in central and eastern Europe. UNDCP cooperated with the European Centre for Social Welfare Policy and Research, based at Vienna, in implementing a regional demand-reduction project in central Europe, and with non-governmental organizations of the Nordic countries in developing and implementing two projects in the Baltic States. UNDCP increased its cooperation with the European Commission in the programme against drugs being

carried out in 11 States of central and eastern Europe under the project known as Poland/Hungary Aid for the Reconstruction of the Economy (PHARE). Joint project planning improved as a result of regular contacts at headquarters and of activities undertaken in the field in cooperation with the newly established regional PHARE coordination unit for drugs at Riga. During 1995, UNDCP initiated consultations with the Baltic States Council, established in September 1994, with a view to identifying areas in which cooperation might be developed. Meetings were held with the CIS Inter-Parliamentary Assembly (IPA) on the continuation and improvement of the ongoing legal assistance programme in CIS member States.

57. During 1995, UNDCP had extensive consultations with the Organization for Security and Cooperation in Europe on the joint organization of a subregional workshop on organized crime and drug trafficking, to be held in central Asia in 1996, with the involvement of the Division.

58. The CIS member States in central Asia have been emerging as centres for production, processing, trafficking, redistribution and domestic abuse of illicit drugs. UNDCP has focused on the implementation of national projects designed to develop and strengthen institutions and required structures, and on the development and implementation of a subregional cooperation programme. The latter objective would eventually involve elements of comprehensive joint action by the five States in supply reduction, crop eradication, the suppression of illicit trafficking and demand reduction.

59. Illicit trafficking in, and abuse of, narcotic drugs and psychotropic substances have continued to spread throughout central and eastern Europe, and trafficking routes have encompassed the whole region. The focus of UNDCP activities in central and eastern Europe has shifted from national capacity-building to well-balanced subregional initiatives. The UNDCP coordination mechanism for Europe, CIS and the Baltic States, which has laid the basis for increased cooperation, will be adjusted accordingly, through the joint efforts of UNDCP and the donor States.

60. The region of the Black Sea has emerged as a new drug-trafficking route affecting several States of southern Europe and CIS. UNDCP, in consultation with donors, initiated preparations for a more comprehensive action plan involving Albania, Bulgaria, the former Yugoslav Republic of Macedonia and Turkey in its first phase, its extension to CIS countries bordering on the Black Sea being envisaged for a latter stage. The commitment and participation of donor States in any new subregional action involving CIS member States would be required to support UNDCP action in the current context of financial constraints.

61. A landmark development in cooperation in drug-related matters between States in the Middle East was the convening of a technical meeting at Cairo, in July 1995, between Egypt, Israel, Jordan and the Palestinian Authority, to identify joint drug-control problems, particularly patterns in the trafficking in, and abuse of, drugs, and to consult on eventual subregional countermeasures. The meeting explored avenues of subregional cooperation, particularly the exchange of drug law enforcement information.

62. In July 1995, UNDCP participated in a meeting held at Vienna with the aim of improving cooperation between the United Nations Secretariat and the League of Arab States. The meeting resulted, *inter alia*, in recommendations to strengthen cooperation between the League of Arab States and UNDCP in fund-raising, training and information exchange. During a follow-up meeting between UNDCP and the secretariat of the League, held at Cairo in July 1995, specific measures for future cooperation were reviewed, in particular the possible provision of support by the League to UNDCP programmes in Lebanon.

63. UNDCP activities in the drug-control field in the Middle East need to be sustained and further strengthened. UNDCP will organize a demand reduction forum for Arab countries, to be held in the United Arab Emirates in 1996. Parallel activities designed to develop appropriate capacities in the Gaza Strip will be intensified, in the context of implementing the subregional action plan initiated in 1995.

D. Latin America and the Caribbean

64. In the Caribbean region, UNDCP initiated preparatory work to develop a subregional coordination mechanism, including the setting-up of a computerized system which would facilitate the provision and coordination of assistance.

65. As a follow-up to the memorandum of understanding adopted in 1994 under the aegis of UNDCP between Argentina, Bolivia, Chile and Peru, UNDCP approved a subregional training programme for drug law enforcement under which it would cover 50 per cent of the costs. The objective of the programme was to optimize existing resources in the four States concerned, as a first step towards the establishment of a long-term training programme for the subregion.

66. During the reporting period, UNDCP and the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States reached agreement on the exchange of information, the conduct of joint programming where appropriate, the coordination of ongoing activities and periodic joint reviews of collaborative efforts. UNDCP and CICAD continued to collaborate in the implementation of the regional legal development programme for the Central American States.

67. UNDCP collaborated with WCO in convening a regional Symposium on Customs Drug Enforcement in the Caribbean, held in Martinique from 27 to 31 March 1995, and in the establishment of RILOs for the countries of South America. UNDCP collaborated with the University of the West Indies in conducting training programmes for prosecutors, magistrates, judges and police officials throughout the region. UNDCP was conducting training courses for law enforcement officials of the region in conjunction with French customs authorities at the CIFAD training centre in Martinique. It also cooperated closely in activities undertaken with ILO, CCLEC, ICPO/Interpol, the European Commission and the Addiction Research Foundation of Canada.

68. In Latin America and the Caribbean, through its technical assistance and other programmes undertaken in the region, UNDCP will strive to build up and strengthen the capacities of Governments and civil society, particularly in carrying out demand-reduction programmes. An important objective has been to strengthen international and regional cooperation in drug-control matters. UNDCP will continue to play an active role in the region, through inter-agency coordination, subregional cooperation, joint planning, consultation and the sharing of information with other relevant agencies. An important development will be the convening by UNDCP of a regional meeting on cooperation in drug-control matters in the Caribbean, to be held in Barbados in May 1996. The meeting will review the coordination mechanism for the delivery of technical assistance, cooperation in drug-control policy, harmonization of legislation, judicial cooperation, maritime cooperation, law enforcement and demand-reduction issues. Another important objective of UNDCP is to strengthen cooperation between recipient States, for example by increasing the number of subregional drug-control projects undertaken in vulnerable areas through cost-sharing or similar co-funding arrangements within the framework of memoranda of understanding. Programmes will accordingly be designed to focus on specific issues, such as cooperation in legal matters, money-laundering, drugs and youth in especially difficult circumstances, drugs and the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), and drugs and poverty alleviation.

III. GLOBAL AND MANDATED ACTIVITIES

A. Treaty adherence

69. From 1 November 1994 to 31 December 1995, four States (Guinea-Bissau, Moldova, Swaziland and Uzbekistan) became parties to the Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol,[2] eight States (Belgium, Chad, Guinea-Bissau, Lebanon, Mali, Moldova, Swaziland and

Uzbekistan) became parties to the Convention on Psychotropic Substances of 1971,[3] and 18 States (Algeria, Belgium, Cape Verde, Chad, Guinea-Bissau, Haiti, Jamaica, Lesotho, Mali, Moldova, Norway, Saint Kitts and Nevis, Saint Lucia, Swaziland, Trinidad and Tobago, Turkey, Uruguay and Uzbekistan) became parties to the 1988 Convention. UNDCP published 55 national laws promulgated by 26 Governments to give effect to the international drug control treaties, covering, in particular, the new provisions of the 1988 Convention, such as precursor control, mutual legal assistance, money-laundering and confiscation of proceeds.

70. During the reporting period, UNDCP carried out a number of activities in the field of treaty implementation, including the communication of notifications under the provisions of the international drug control treaties. Two of those notifications were made pursuant to article 12 of the 1988 Convention concerning the request of a Government for prior notification of the export of substances listed in Table I (ephedrine and pseudoephedrine).

71. One hundred and two annual reports of Governments on the working of the international drug control treaties were analysed, and the information was used in preparing country profiles and in updating the following two annual publications: *Competent National Authorities under the International Drug Control Treaties* (ST/NAR.3/1995/1); and *Manufacture of Narcotic Drugs and Psychotropic Substances under International Control* (ST/NAR.4/1995/1), which, pursuant to Economic and Social Council resolution 1995/20 of 24 July 1995, now includes manufacturers of substances listed in Table I of the 1988 Convention.

72. As of 31 December 1995, comprehensive legal advisory assistance had been provided to the following 20 States: Brazil, Cambodia, Colombia, Croatia, Czech Republic, Equatorial Guinea, Estonia, Gabon, Lao People's Democratic Republic, Latvia, Myanmar, Nigeria, Pakistan, Romania, Russian Federation, Sao Tome and Principe, Slovakia, Slovenia, Tajikistan and Viet Nam. Such assistance usually takes the form of a legal review, an analysis and advisory reports concerning domestic drug-control laws, as well as advice on the amendment of national legislation to ensure compliance with the international drug control conventions.

73. The series of UNDCP legal workshops was continued with two subregional meetings held in Réunion and Fiji, one national workshop in Colombia, and three national training seminars in Cape Verde, Lebanon and Namibia. Such workshops are used as vehicles to assist legislative drafters, to train judges and prosecutors to ensure the effective implementation of national laws and regulations, and to strengthen cooperation between criminal justice administrations.

74. UNDCP model legislation against money-laundering was reviewed and finalized by an informal expert group in February 1995. The model law, which includes measures to prevent, detect and prosecute money-laundering offences, as well as provisions for the confiscation of assets derived from drug trafficking, will serve as a guide for Governments in the adoption of provisions to counter money-laundering operations.

75. As foreseen by the 1991 working arrangements between UNDCP and the International Narcotics Control Board, UNDCP acted as the substantive secretariat of the Board, assisting it in monitoring the functioning of the international drug-control system, in close cooperation with Governments. UNDCP provided information to the Board in the preparation of its *Report for 1995*,[4] and the UNDCP field offices assisted the Board in organizing press conferences and providing media coverage for the annual report of the Board. UNDCP supported the preparation of three annual technical publications by the Board, dealing, respectively, with narcotic drugs, with psychotropic substances, and with precursors and chemicals frequently used in their illicit manufacture.

76. UNDCP has continued its efforts to facilitate electronic exchange of treaty-mandated information between Governments and the Board. Such measures should contribute to a more efficient monitoring of the licit movement of narcotic drugs and psychotropic substances throughout the world. To facilitate their

identification, UNDCP has worked closely with WCO to establish a unique harmonized system of codes for narcotic drugs and psychotropic substances frequently found in international trade.

77. An important event which marked the reporting period was the development of systems of electronic communication between the Board, international organizations and some Governments, systems which facilitated the detection of suspicious movements of precursors.

78. In 1995, UNDCP organized and funded regional training seminars for national drug-control administrators on the requirements of the international drug control treaties and compliance with their provisions at the national level. A seminar, held in Tunisia in March 1995, provided training for 28 national drug-control administrators from 22 African States (Algeria, Benin, Burkina Faso, Cape Verde, Central African Republic, Chad, Côte d'Ivoire, Egypt, Equatorial Guinea, Ghana, Gambia, Guinea, Guinea-Bissau, Mauritania, Morocco, Namibia, Niger, Nigeria, Senegal, Sierra Leone, Togo and Tunisia). The seminar adopted a report identifying the major obstacles to the functioning of the drug-control systems and recommendations for the improvement of controls. Another seminar, organized jointly with CICAD, was convened at Santiago, in December 1995, for Spanish-speaking countries of America. UNDCP will continue to assist the Board in supporting that activity in 1996. In addition to training, each seminar provides an opportunity for drug-control administrators of the respective regions to exchange experience, enhance cooperation and harmonize approaches.

79. In October 1995, UNDCP provided substantive support to a conference convened by the Board and the Pompidou Group of the Council of Europe to discuss measures to be taken by European countries to avoid the diversion of psychotropic substances into illicit markets by tightening controls on the export of such substances. UNDCP continued to contribute to measures designed to strengthen the control of psychotropic substances, taking a number of practical and technical initiatives to that end.

80. During 1995, UNDCP continued to support initiatives and programmes to implement article 12 of the 1988 Convention and other provisions concerning the monitoring of precursors. In that regard, it continued to support the implementation of a project, initiated in 1994, on precursor control in south-east Asia. Two workshops were held in 1995, and participating States have started to build working mechanisms and procedures between themselves, and particularly with chemical-exporting countries outside the region, to identify suspicious transactions and prevent the diversion of precursors. Avenues to be pursued during the next stage of the project include: streamlining cooperation between regulatory, law enforcement and other agencies concerned with precursor control at the national and regional levels; establishing effective systems for monitoring the manufacture of, and the distribution and trade in, precursors; and enhancement of law enforcement capabilities.

81. During the reporting period, UNDCP completed preparation of a project for the development and strengthening of precursor control in south-west Asia, focusing on India and Pakistan. That initiative was in response to the diversion of precursors in the region and the resultant increased manufacture of illicit drugs, particularly heroin, methamphetamine and methaqualone. In that connection, in December 1995, the Government of India convened, jointly with UNDCP, a national workshop on precursor control, in order to increase awareness of the problem, to identify specific national problems, and to examine action to be taken to improve controls. Representatives of the chemical and pharmaceutical industries participated, given their key role in monitoring the movement of precursors.

82. UNDCP has supported the establishment of mechanisms for precursor control in a number of other countries, such as Bolivia, Colombia and Peru. It continued to support the implementation of projects in those countries, particularly those involving the study of licit requirements for precursor chemicals, the strengthening of national programmes for precursor control and the provision of training.

83. In the European region, UNDCP has continued to work closely with the Pompidou Group in connection with future activities related to precursor control in central and eastern Europe. The Permanent Correspondents of the Pompidou Group have agreed to hold an annual meeting on precursors, as a follow-up to an earlier initiative to strengthen precursor controls in the region.

84. Pursuant to a request of the Council in its resolution 1995/20, UNDCP undertook, in consultation with the Board, a thorough study on stimulants and the use of their precursors in the illicit manufacture of, and trafficking in, drugs. The study prepared by UNDCP addresses the manufacture, diversion, trafficking and abuse of stimulants, particularly amphetamine, methamphetamine, methcathinone, fenetylline and pemoline, and the use, trafficking and diversion of their precursors and related chemicals. UNDCP convened an expert group meeting in December 1995 to discuss the issues raised in the UNDCP study. A second meeting was convened in February 1996. The report prepared by UNDCP provides a basis for the Commission and the Board to review the functioning of present approaches to control.

B. Inter-agency cooperation

85. UNDCP action to fulfil its mandate related to inter-agency coordination and cooperation on drug-control matters within the United Nations system was given a new impetus by decisions taken by the Administrative Committee on Coordination (ACC) at its first session in 1995. Those measures were in essence designed to ensure that drug control was integrated, whenever possible, into the work programmes of specialized agencies and programmes, and to develop an improved United Nations System-Wide Action Plan on Drug Abuse Control.[5]

86. As a follow-up to the ACC meeting, Resident Coordinators were encouraged to develop mechanisms, such as country-level multi-agency thematic groups, to identify areas in which agencies could collaborate at the field level. The overall objective was to promote and facilitate the identification of cases where the drugs issue would be effectively interwoven into the social and economic activities of the respective agencies. The Administrator of UNDP has instructed Resident Coordinators to follow up the ACC initiative, and, in that regard, UNDCP has provided background material to Resident Coordinators. By late 1995, United Nations agencies in four countries had established thematic groups, while others had judged it more appropriate to pursue the matter on an agency-by-agency basis.

87. Priority has been given to the improvement of coordination in countries where UNDCP maintains a field presence. In most field situations, UNDCP participates in thematic groups on issues that offer opportunities to identify occasions on which the drug-control issue could be inserted into the work programme of other agencies.

88. In line with its mandate to ensure coordination in the field of drug control throughout the United Nations system, UNDCP has developed close working relations with several agencies and programmes of the system. For example, UNDCP and the Economic and Social Commission for Asia and the Pacific have collaborated closely in the field of demand reduction, focusing on community-based treatment and rehabilitation in the border areas of China and Myanmar, through the establishment of local project implementation teams and the provision of training. A similar joint project was initiated in 1995 for the border areas of Myanmar and Thailand.

89. Small-scale demand-reduction projects have been undertaken in Africa to encourage inter-agency collaboration by developing demand-reduction activities as part of programmes of the United Nations Population Fund and UNICEF. Moreover, by participating in an inter-agency gender task force, UNDCP has the opportunity to consult with UNDP, WHO and the World Bank, and to provide information on the prevention of drug abuse for inclusion in the "Healthy women's counselling guide" and the "Health worker's guide". In September 1995, UNDCP participated in the Fourth World Conference on Women, held at Beijing. On that occasion, UNDCP, in collaboration with the United Nations Interregional Crime and Justice

Research Institute (UNICRI), the Vienna NGO Committee on Narcotic Drugs, and the Vienna NGO Committee on the Status of Women, organized a special event on the theme "Women, drug abuse and addiction".

90. Successful initiatives with partner agencies have been strengthened by following up measures decided by ACC, particularly the redesign and improvement of the System-Wide Action Plan. ACC gave that responsibility to its Subcommittee on Drug Control, which is composed of representatives of agencies. At its meeting held from 31 July to 2 August 1995, the Subcommittee decided on a new approach to designing an improved System-Wide Action Plan, on the basis of a series of open-ended sectoral or subsectoral plans of action devised by multi-agency task forces. Task forces comprising participants from relevant agencies have been established for the elaboration of plans of action to guide inter-agency cooperation. As the plans of action are completed and approved by the Subcommittee, they become part of the System-Wide Action Plan. An initial list of 12 themes was drawn up. Information on the new approach to the System-Wide Action Plan is before the Commission in document E/CN.7/1996/14.

91. Entrusting the preparation of the System-Wide Action Plan to the Subcommittee has provided UNDCP with a further means of strengthening its collaboration with other agencies and ensuring their greater involvement in drug-control matters. Agencies other than UNDCP have served as managers of the task forces that are drawing up the individual plans of action. As a result of the positive responses, it is anticipated that the incremental approach being followed will lead, over time, to a System-Wide Action Plan that is a forward-looking document which can be used as a planning instrument.

92. UNDCP has continued its active participation in the coordinating machinery of the United Nations system. ACC, at its meeting held in October 1995, paid particular attention to the ways in which the system could more effectively follow up the results of major conferences. UNDCP also participated in other United Nations coordination machinery, notably the UNDP Joint Consultative Group on Policy, which brings together the main voluntary funds of the United Nations to promote coordination and standardization of approaches and procedures.

93. UNDCP continued its initiative aimed at establishing, where necessary, frameworks for mutual cooperation through memoranda of understanding with other organizations in the United Nations system. The most recent of these was signed in October 1995 with the Universal Postal Union.

94. In February 1995, as part of the effort to mobilize civil society in combating drug abuse and promoting healthy lifestyles among young people, UNDCP and the International Olympic Committee (IOC) entered into a cooperation agreement for the implementation of joint activities. UNDCP and IOC convened the International Conference "Sport against Drugs", held at Rome on 20 and 21 February 1995, to review the state of knowledge and existing experience with regard to sport as a means of reducing the illicit demand for drugs. The Conference called upon Governments, intergovernmental and non-governmental organizations, international sports federations, national olympic committees, athletes and citizens throughout the world to recognize that the global drug-abuse situation was alarming, and that the involvement in sport, by strengthening the personality and self-esteem of young people, can greatly contribute to preventing drug abuse.

95. Increased efforts were made to strengthen collaboration with the international financial institutions. The World Bank has prepared an internal study on drug-control issues, intended to guide its policy on the matter. Its main area of interest will be supply reduction, in connection with development-oriented measures aimed at reducing illicit cultivation. Subject to the agreement of the country concerned, UNDCP will participate in consultative group meetings organized by the World Bank for particular countries.

96. A series of official contacts has contributed to negotiations between UNDCP, the Inter-American Development Bank (IDB) and the Government of Colombia regarding a loan of 94 million United States

dollars (US$) to be used for alternative development activities in that country. Discussions for the funding of additional projects are continuing between IDB and the Governments of Bolivia and Peru. UNDCP has established formal contacts with the Asian Development Bank as part of a longer-term strategy to mobilize additional partners in Asia.

C. Demand reduction

97. The design and implementation of demand-reduction activities to respond to the needs and requests of Governments for technical assistance requires an understanding of the drug-abuse situation. Too often, such information is not available or of poor quality. To remedy the situation, UNDCP has enhanced its capacity to collect and analyse data, particularly through rapid assessments, in which qualitative and quantitative information on drug abuse are collected by using sociological and anthropological methodologies. UNDCP organized an expert group meeting on rapid assessment procedures at Vienna in September 1995. The UNDCP methodology guide on rapid assessment procedures was reviewed and a draft training manual was approved. After field testing, the guide and the manual will be finalized to support the greater use of rapid assessment procedures worldwide. Studies using those procedures were being carried out in Bangladesh, Chile, Czech Republic, Ecuador, Ethiopia and Turkey.

98. With a view to exchanging reliable information on drug abuse globally, UNDCP convened a workshop of the International Drug Abuse Epidemiology Network at Vienna in May 1995, which brought together epidemiologists engaged in national and regional projects for the surveillance of drug abuse epidemiology. After a review of methodological issues, UNDCP agreed to establish a pilot project using the Internet to facilitate data collection at the city level.

99. UNDCP continued its analysis of global trends in demand reduction using information based on the International Drug Abuse Assessment System (IDAAS) and on government replies to the Annual Reports Questionnaire (E/CN.7/1991/CRP.10). During 1995, country drug profiles for 32 priority countries were prepared. In an evaluation of IDAAS, measures to further improve data collection and analysis were recommended.

100. Expert forums on demand reduction were held at Yaoundé in February 1995, at New Delhi in March 1995, and at Hanoi in December 1995. The expert forums enabled government officials concerned with demand reduction to exchange information and experiences, and thereby ensure better planning, coordination and implementation of programmes for the prevention, treatment and rehabilitation of drug abuse. A progress report on the demand-reduction expert forums is presented in document E/CN.7/1996/5.

101. UNDCP continued to cooperate closely with ILO and the private sector in the prevention of drug abuse in the workplace. UNDCP, ILO and the Social Service for Industry (SESI) of Rio Grande do Sul convened the Second International Private Sector Conference on Drugs in the Workplace and the Community, held at Porto Alegre, Brazil, in April 1995. The objective of the Conference was to promote close interaction with civil society in the efforts to prevent drug abuse, in which the business sector, trade unions, non-governmental organizations, health professionals and the specialized agencies and programmes within the United Nations system all had a role to play. On the occasion of the Conference, the Government of Brazil, SESI and UNDCP signed an agreement on a project that would cost $1.6 million, 80 per cent of which would be covered by the Brazilian private sector. The project would adapt to the Brazilian environment the methodology developed for the UNDCP/ILO/WHO project entitled "Model programmes for the prevention of drug and alcohol abuse among workers and their families".

102. During the reporting period, UNDCP continued its Goodwill Ambassadors Programme, whereby leading personalities use their influence and appeal as role models in society to promote drug abuse prevention and enhance the image and funding perspectives of UNDCP. Among the personalities or groups involved were the Chung Trio of the Republic of Korea, who gave concert performances, and the *Academia de Fútbol*

"Tahuichi Aguilera" of Bolivia, which participated in youth football tournaments, both thereby spreading anti-drug messages. In September 1995, UNDCP also appointed Japanese sumo champion Takanohana to lend his support, as Goodwill Ambassador against drugs, to the activities of the Drug Abuse Prevention Centre in Tokyo.

D. Supply reduction

1. Suppression of illicit drug trafficking

103. The suppression of illicit drug trafficking remained a vital component in the overall strategy of UNDCP. UNDCP provided support and assistance to Governments through national and subregional drug law enforcement projects, and guidance to legislative and policy-making bodies by preparing technical reports. Three outposted UNDCP technical advisors in drug law enforcement have provided technical assistance and advisory services to Governments in regions particularly vulnerable to drug trafficking. Assistance in the suppression of illicit drug trafficking has been focused on the implementation of the provisions of the 1988 Convention, and to that end the advisors have planned and implemented technical cooperation programmes in drug law enforcement. In that connection, the drug law enforcement advisors based in Pakistan and Thailand have been instrumental in promoting joint law enforcement operations between law enforcement agencies in their respective subregions, as well as between subregions covering south-west Asia and CIS member States in central Asia. In south-east Asia, UNDCP drug law enforcement activities designed to foster operational cooperation have covered the whole region.

104. Under a technical assistance project for the suppression of illicit trafficking, UNDCP monitored, administered, and provided expertise for the execution and implementation of 39 technical assistance projects in drug law enforcement, particularly in Africa, Asia, central and eastern Europe and the Baltic States. The project included the provision of advisory services designed to improve drug law enforcement and enhance cross-border cooperation, the application of inspection measures, inter-agency coordination at the national level, exchange of communication, joint operations and assistance in drug law enforcement training.

105. During 1995, UNDCP continued an ongoing data-matching project involving seizure reports provided to it by Governments and data received by ICPO/Interpol and WCO. The scope and substantive content of the project might need to be reviewed in the light of technical and resource issues which have emerged. UNDCP will continue its close cooperation with ICPO/Interpol, WCO and other international organizations and reliable sources providing high-quality data on drug trafficking, with a view to sharing information and analytical reports on recent trends in, and specific cases of, drug trafficking.

106. A UNDCP research project, developed in close consultation with UNICRI and the Division, on polices and priorities in drug control in the context of the criminal justice system has been successfully initiated, and is contributing to the further development and practical value of such policies. UNDCP, in consultation with UNICRI and the Division, is exploring the feasibility of a second phase of the project which would focus on obtaining and providing specific information for countries in vulnerable situations in Africa and in central and eastern Europe.

107. UNDCP will continue to build its inventory of specific measures that have proven effective in countering illicit drug trafficking. It will also continue to use the regional meetings of heads of national drug law enforcement agencies (HONLEAs) and similar meetings on drug law enforcement as a vehicle for the dissemination and exchange of information on drug law enforcement techniques.

108. In February 1995, UNDCP convened the second meeting of a working group on maritime cooperation to further international cooperation in combating illicit drug trafficking by sea. A major development was the endorsement by the Commission of the recommendations and principles adopted by the working group.

The Commission has before it a status report on action taken by UNDCP to begin implementation of the recommendations and promote adoption of the principles.

109. Three meetings of the subsidiary bodies of the Commission were held in 1995. The Twentieth Meeting of HONLEA, Asia and the Pacific, held at Jakarta from 18 to 22 September 1995, recommended the establishment of national intelligence-gathering and dissemination systems; the adoption of measures to prohibit illicit poppy and cannabis cultivation and the production of opium in the region; and strengthening the role of drug law enforcement agencies in demand reduction, particularly in prevention strategies. The Seventh Meeting of HONLEA, Latin America and the Caribbean, held at Havana from 9 to 13 October 1995, adopted recommendations related to training procedures for the exchange of operational information; the suppression of illicit traffic by sea, with special emphasis on coastal traffic; and countering regional heroin traffic. The Eighth Meeting of HONLEA, Africa, held at Kampala from 23 to 27 October 1995, recommended the establishment of coordination mechanisms; the formulation of subregional control measures to address the problem of khat; and the development, funding, use and dissemination of drug intelligence systems. The HONLEA meetings reviewed the implementation of recommendations adopted in their previous meetings.

2. Alternative development

110. Alternative development plays an important role in strategies for the elimination of illicit crops. The role of UNDCP in alternative development has gradually shifted from involvement in fully funded projects towards the provision of support to strengthen the technical capacity of the institutions responsible for implementing national alternative development plans. In the future, alternative development projects will involve more active partnership between UNDCP and concerned Governments, and alternative development will be an integral part of national rural development. UNDCP will place increased emphasis on the achievement of drug-control objectives.

111. UNDCP will seek to be more closely engaged in securing the involvement and active commitment of potential bilateral donors, international financial institutions, agencies and programmes within the United Nations system and regional organizations involved in development work. Emphasis will be placed on the role of UNDCP as advocate, technical partner, coordinator and partial source of funding. The new approach will be supported by outposted alternative development advisers based in Asia and Latin America.

3. Money-laundering

112. UNDCP has continued to provide assistance to Governments in the implementation of the provisions of the 1988 Convention related to money-laundering and the confiscation of assets. UNDCP, in close cooperation with the Division, will seek to improve the coordination of its activities with those of the Financial Action Task Force established by the major industrialized countries (Group of Seven) and the President of the Commission of the European Communities, as well as with other organizations, such as ICPO/Interpol and WCO, in its efforts to enhance the capability of Governments to counter money-laundering.

113. UNDCP continued to play its unique role, through its legal advisory programme, of assisting Governments in the adoption of laws and regulations covering drug-related financial investigations, money-laundering and confiscation of assets. UNDCP supported Governments through an anti-money-laundering project, initiated in 1993, designed to alert member States to the need for action against money-laundering.

114. Specific activities undertaken during the reporting period included the drafting of laws against money-laundering in Mauritius, Nigeria and Thailand; the provision of training at the CIFAD Institute in Martinique; delivery of training in law enforcement, financial systems and judicial administration in Chile and Panama;

assistance in planning a financial regulatory system and law enforcement in Colombia; and the drafting and updating of a manual for anti-money-laundering investigators. UNDCP has finalized model legislation which will be used by countries with civil law systems.

E. Research and science

115. During the reporting period, UNDCP initiated preparation of a world report on drugs, expected to be published for the first time towards the end of 1996. The world report will serve to ensure that drug-control issues are recognized and understood by society at large, as well as to reinforce a broad-based understanding of UNDCP and its activities.

116. UNDCP prepared a contribution on the vulnerability of countries in transition to drug trafficking, drug abuse and organized crime for *World Development Report 1996*[6] of the World Bank. Collaboration between the World Bank and UNDCP was thus strengthened, and UNDCP was given a further opportunity to disseminate information on drug matters.

117. The UNDCP laboratory, through its technical assistance programme, was implementing a project in Colombia as well as participating in multisectoral projects in other States such as Belarus, Ukraine, Uzbekistan and Kyrgyzstan.

118. UNDCP convened two consultative meeting of heads of laboratories, one for the three Baltic States, at Tallinn, and the other for the five CIS member States in central Asia, at Tashkent. Those meetings examined the development and performance of, and the problems encountered in, drug-testing laboratories in the regions concerned; remedial actions were suggested. They also reviewed mechanisms for the promotion of collaboration at the national and regional levels.

119. The UNDCP laboratory provided 21 analysts from 16 countries with training in the analytical methods for the identification and analysis of drugs in seized material and biological specimens, and assisted in the provision of training in China and Colombia. The technical assistance work of the laboratory also contributed to the development and upgrading of scientific aids, and supported relevant scientific work. The following manuals have been published and made available to national laboratories worldwide: *Rapid Testing Methods of Drugs of Abuse* (ST/NAR/13); *Recommended Guidelines for Quality Assurance and Good Laboratory Practices* (ST/NAR/25); and *Glossary of Terms for Quality Assurance and Good Laboratory Practices* (ST/NAR/26).

120. During 1995, the UNDCP laboratory continued to implement the International Proficiency Testing (IPT) Scheme as part of the International Quality Assurance Programme. The Scheme aimed at improving the performance of national drug-testing laboratories in developing countries, enabling them to apply internationally accepted standards and develop good laboratory practices, and promoting harmonization in the area of drug testing. Forty national drug-testing laboratories in 26 countries participating in the Scheme sent results of their analysis of IPT test samples to the UNDCP laboratory. A statistical report summarizing the evaluation of the results received from all the participants was distributed to them, together with an evaluation of their individual results.

IV. EVALUATION

A. Project evaluations

121. Project evaluations are carried out by the parties to technical cooperation projects. In 1995, 21 projects funded by UNDCP were evaluated, five concerned with control measures, four with demand reduction,

10 with supply reduction and two with multisectoral activities. In terms of geographical distribution, one project was evaluated in Africa, two in Europe, three in Asia and 15 in Latin America.

122. Projects concerned with control measures were in general found to be successful. One project had successfully strengthened laboratories in central and eastern Europe, and had promoted inter-State collaboration in matters relating to laboratories. Two projects in Bolivia had enhanced the capability of the Government to control trafficking of precursor chemicals, but had not led to a satisfactory increase in seizures, and might not be sustainable. A project to establish an information system for drug control in Colombia had led to improvements within the government agencies concerned. Another project in the same country, designed to introduce a computer system to improve administration and management, was less effective, as end-users found the system introduced too slow and complex.

123. In the field of demand reduction, three projects were evaluated in Bolivia. The first project, which aimed at promoting healthy and productive lifestyles to prevent drug abuse among youth at risk, was found effective in introducing alternatives to drug abuse. The second project, for the social reinsertion of street children, had been implemented effectively, but was found to lack a clear strategy, and might have overestimated the problem addressed by it. The family and the community should have played a more important role in the project design, and more attention should have been given to female street children. The evaluation of a third project, designed to offer integral education, primary care, training and employment opportunities to drug-using youth, discovered significant shortcomings in implementation, but also concluded that a certain, albeit limited, impact had been achieved. A project to promote awareness and disseminate information about drugs to the media, policy makers and non-governmental organizations in Central and South America was not found to be effective. A database on drug issues was established, but contained little information, and was difficult to use. Production of relevant press material was insufficient.

124. With regard to supply reduction, five alternative development projects in Bolivia and Colombia were found successful. Activities were, in general, implemented according to schedule, and cultivation of illicit crops was reduced. Two projects in Peru were found to provide a useful basis for designing other alternative development projects. The evaluation of three parallel alternative development projects in the Lao People's Democratic Republic, which were to complement a rural development programme financed by IFAD, found that most of the objectives had been only partially achieved, and that the impact on cultivation of illicit crops was limited. The design of the projects did not provide a systematic link to the IFAD programme, and overestimated the capability of the Government to implement the activities foreseen. Some results, however, were achieved in the last year of implementation after a change of management.

125. Two multisectoral projects were evaluated. A project that was to coordinate bilateral and multilateral technical assistance for drug control in central and eastern Europe, the Baltic States and CIS was found successful. The project had established a mechanism to ensure consultation among donors and a computer-based monitoring system to provide information on technical assistance. The evaluation recommended that UNDCP should examine the possibility of replicating the coordination mechanism in other regions. The evaluation of a project to establish planning capacities at the national and subregional levels for the 11 member States of ECCAS recorded very limited achievements. The approach of setting up mechanisms for subregional cooperation before developing national strategies was found to be inappropriate, and the project did not sufficiently take into account the differences between the countries.

126. The majority of project evaluations took place either at the end or after the conclusion of the project concerned. UNDCP guidelines make an in-depth evaluation mandatory whenever a new phase of a project or a major extension is contemplated. That explains why about half of the evaluations concluded with a recommendation to continue activities in one form or another. A question arises, however, as to how realistic initial assumptions are about project duration and achievements. It is essential that sustainability aspects be considered fully at the design stage of a project.

127. Projects considered successful and sustainable after evaluation are those in which the following conditions have been met: there is a commitment by Governments to take over the project, to continue its activities and to provide the necessary funding; and the beneficiaries are involved in the definition of the project strategy and priorities, leading to a greater sense of ownership of the project. Sustainability issues are relevant for all drug-control subsectors, but especially important in institution-building. Assumptions about the capability and commitment of the Government, in particular, need to be confirmed before activities begin.

B. Thematic evaluations

128. Thematic evaluations are carried out by UNDCP and focus on activities which have thematic or sector-specific characteristics. Three such evaluations were conducted in 1995.

129. An evaluation was made to determine the effectiveness of IDAAS, which is instrumental in the collection, analysis, evaluation and assessment of worldwide data on drug abuse. It was found that the information provided by Governments to IDAAS was generally not of a high quality. Possibilities for linkage to other databases were limited, as were the quantity and quality of the data analysed. The lack of the training and support that Governments would need in order to collect and process data, the absence of stable funding for certain activities, human resource constraints and managerial problems contributed to the limited achievements of IDAAS. The evaluation recommended changes in procedures for data collection and analysis, allocation of additional human and financial resources, managerial reform and enhanced collaboration with other United Nations agencies and national and regional networks.

130. UNDCP is providing legal advice and assistance to a substantial number of Governments to promote adherence to, and implementation of, the international drug control conventions. The evaluation assessed those activities in the light of the prescribed mandate. It found that the target countries had been well selected, and that, on average, each legal assistance activity had yielded the expected results within a reasonable time. If no impact was made, it was due to considerations beyond the control of UNDCP. Recipient countries reported a high degree of satisfaction with the legal assistance provided. The tangible results noted by the evaluation included adherence to the conventions, adoption of appropriate legislation, creation of institutional infrastructures, training and adoption of complementary measures. The evaluation observed the harmonious working relations between UNDCP staff and national counterparts, excellent in-house coordination and overall good management of the legal advisory programme.

131. A third evaluation concerned the technical assistance provided to control drugs used for licit purposes. The relevant mandates require UNDCP, in cooperation with WHO, to support Governments in establishing and reinforcing national controls over narcotic drugs and psychotropic substances. The evaluation found that some areas of activity, such as legal assistance and training, were well developed, whereas other areas, such as institution-building, had been given low priority. Although considerable cooperation existed between UNDCP, the Board and WHO, coordination needed to be strengthened to avoid duplication. The evaluation recommended the establishment of a focal point within UNDCP to coordinate technical assistance in the field of drug control. The evaluation also recommended that priority be given to supporting the exchange of information between Governments at the subregional level, reinforcing institution-building efforts and continuing legal assistance and training programmes.

V. FINANCIAL AND ADMINISTRATIVE MATTERS

132. The approved revised budget of UNDCP for the biennium 1994-1995 amounted to $205,335,500, comprising an amount from the regular budget of $14,693,900 and extrabudgetary resources of $190,641,600 from the Fund of UNDCP. The initial allocation for 1995 amounted to $104,496,000, with a regular budget

component of $7,680,400 and an extrabudgetary amount of $96,815,600. Expenditures for 1995 under the Fund of UNDCP are estimated to amount to $75,600,200.

133. During the reporting period, UNDCP prepared the budget proposals for the biennium 1996-1997 for the Fund of UNDCP for submission to the Advisory Committee on Administrative and Budgetary Questions and to the Commission at its reconvened thirty-eighth session held in December 1995. The unaudited financial statements for 1994 for the Fund of UNDCP were also issued. The budget proposal for the biennium 1996-1997 for the Fund of UNDCP amounted to $152,448,500, reflecting a reduction in the field office network and project activities in accordance with the outline for the biennium 1996-1997 which the Commission approved at its reconvened thirty-eighth session.

134. During 1995, UNDCP initiated the downsizing of project activities located at headquarters, leading to a reduction from 92 to 32 posts as of 31 December 1995.

135. A number of innovations have been introduced in the budget documentation, including the presentation of a programme support cost budget, utilization of costed work plans for budget preparation, a linkage between activities and mandates, as well as a comparison between the budget and the outline. In 1995, a number of significant administrative improvements were initiated, one of which concerned the development and implementation of a policy for the rotation of staff between headquarters and field offices.

136. During the reporting period, UNDCP maintained its efforts to rationalize the accounting and treasury arrangements, the previous system involving UNDCP and United Nations offices in New York and at Vienna being considered cumbersome and complex. Approval of the rationalization was given in February 1995 by the financial authorities in New York, and responsibilities were delegated from United Nations Headquarters in New York to UNDCP. Other improvements included the introduction of a new financial planning system for the Fund of UNDCP which provides greater management flexibility and forecasting capacity. The new system considerably improved the accuracy of financial projections, which, in turn, provide an important input to the planning of future activities. In order to provide up-to-date information on the implementation status of project activities, UNDCP introduced a new financial monitoring system for project execution based on quarterly expenditure reports and biannual project budget revisions.

137. In line with the changing role of UNDCP field offices, operational concerns and authority in programme design and management continued to be decentralized from headquarters to field offices. In particular, the Regional Centre in Thailand and the Regional Office for the Caribbean have been authorized to establish their individual project review committees, functioning along the lines of the committee established at headquarters.

VI. FUND-RAISING ENVIRONMENT AND STATUS OF THE FUND OF THE UNITED NATIONS INTERNATIONAL DRUG CONTROL PROGRAMME

A. Financial status

138. Collection of voluntary resources from donor countries to the Fund of UNDCP increased significantly in 1995, compared with 1993 and 1994, to reach $64 million. Such a welcome improvement in contributions reflects the continued trust and confidence of donor Governments in the work of UNDCP. The long-term financial situation of UNDCP remains, however, a matter of concern.

139. Starting with 1992, as the year of transition when expenditures exceeded income for the first time, current estimates show that the existing fund balances will be significantly depleted during the biennium 1996-1997, because expenditures continued to exceed income during the biennium 1994-1995 and the biennium 1996-1997. For the biennium 1994-1995, total estimated expenditures of $149 million were expected to exceed total estimated income of $134 million by $15 million, leading to a corresponding decline

in the fund balance from $69 million on 1 January 1994 to $54 million by 31 December 1995. For the biennium 1996-1997, estimated expenditures of $149 million for the Fund of UNDCP are expected to exceed estimated income of $111 million by $38 million, resulting in a further decline in the fund balance to $16 million by 31 December 1997.

140. Thus, in accordance with the guidelines received from the Commission, the relatively high cash balance received from the past was reduced during the biennium 1994-1995 through accelerated programme implementation. In contrast to the budget for the biennium 1994-1995, which maintained expenditures in excess of annual income, the difference being funded from accumulated reserves, the programme budget for the biennium 1996-1997 was based on the projection of income. It is characterized by zero growth for headquarters and a limited reduction in expenditure for field operations and project activities. In view of the current income projection, it is anticipated that UNDCP will be able to implement activities of approximately $150 million per biennium in the medium-term.

141. Three main trends with regard to the financial situation of UNDCP emerge. First, there is no expectation that additional regular budget resources will be made available to UNDCP. Secondly, the Fund balance that UNDCP inherited will soon be depleted, as requested by the Commission and the donor community. Thirdly, while voluntary contributions have increased in 1995, general-purpose funds, required to support the basic core functions of UNDCP both at headquarters and in the field, have substantially decreased during the past years. UNDCP is concerned that, if current trends continue, it will not have sufficient general-purpose resources to cover the basic needs of headquarters and the infrastructure costs for its field operations.

142. An overview of the mandate of UNDCP and of the strategic objectives that it is pursuing, in accordance with the international consensus on drug-control matters, shows an apparent imbalance between, on the one hand, the mandates which UNDCP inherited or which it has since received from its legislative bodies and, on the other hand, the resources available to implement them. An unhealthy imbalance is also reflected in the flow of contributions to the Fund of UNDCP. Whereas in 1995, a total of 55 States and the European Commission contributed, in varying degrees, voluntary resources to the Fund of UNDCP, only seven Governments and the European Commission provided 90 per cent of the total voluntary contributions for the biennium 1994-1995. In an epoch increasingly characterized by the collective assumption of responsibility for international drug control, it appears undesirable and contrary to the spirit of international cooperation for some Member States to become and remain, exclusively, the long-term recipients of UNDCP cooperation, while a handful of other States bear the brunt of the financial burden for international drug control. In order for the Commission to fulfil its mandate as governing body of UNDCP, entrusted to it by the General Assembly, the Member States should endeavour to become, collectively, its shareholders. In that regard, the Commission should explore ways and means of enhancing the participatory partnership between itself, the international community and UNDCP.

143. A critical mass of resources, marked by a degree of certainty and duration, is required by UNDCP, in order for it to undertake, in an effective and sustainable manner, the essential part of its mandate. The present financing system, based mainly on a project-by-project approach, is not suited to providing that critical mass of resources which is needed to maintain its expert capacity and to ensure inter-agency cooperation, the gathering, processing and analysis of information, research and image-building, all the ingredients of a centre of excellence which UNDCP is mandated to become. Increased consideration should accordingly be given to the imperative need to establish an adequate financial foundation in the form of general funding of an assessed nature, even if based on the short-term commitment of as many countries as possible. One way in which that could be pursued and achieved would consist in an arrangement whereby UNDCP would receive, as a complement to current contributions, additional general funding from about 50 countries which would each be prepared to provide approximately $300,000 for core activities. The additional $15 million would serve to increase the current level of contributions, and provide the operational

flexibility and a cushion of certainty to further strengthen the operational capability of UNDCP, in particular its expert capacity, its information base and inter-agency cooperation.

144. The performance of UNDCP during the past five years has revealed that there is no basic distinction between headquarters-based functions and posts and field-based functions and posts. While such a distinction may be applicable to most technical cooperation agencies, it is not applicable to UNDCP, as its mandate is international drug control in all its aspects, including technical cooperation. Such a mandate requires that a number of substantive functions must be based at headquarters. One conclusion is that the Fund, established to sustain the whole mandate of UNDCP, should support, as appropriate, the implementation of the substantive activities at headquarters. Failure to do so would affect the entire Programme, not least its technical cooperation efforts.

B. Resource mobilization priorities

145. In its resolution 14 (XXXVIII) of 23 March 1995, the Commission requested the development of an innovative fund-raising mechanism, including the coordinated and joint fund-raising approach developed by ACC, designed to elicit support from all States and donors, as well as from recipients through counterpart contributions and cost-sharing. The Commission also requested the presentation of more detailed information regarding expected fund-raising results in the medium and long term at its thirty-ninth session or, if feasible, at its reconvened thirty-eighth session.

146. In the light of those requests, new approaches for broadening the resource base of UNDCP were initiated in 1995. UNDCP has striven to mobilize consortia to secure the longer-range commitment of current donor Governments to specific programmes or thematic areas. A briefing for interested donor Governments was organized in July to present the UNDCP programme in Viet Nam. In another initiative, UNDCP and UNDP jointly convened an International Donors Conference, hosted by the Government of France in Paris in June 1995 for the second phase of the integrated rural development programme of the Baalbek-Hermel area in Lebanon. UNDCP participated in an international conference, convened at Stockholm in June 1995, on the impact of drugs on the rehabilitation of Afghanistan.

147. To elicit the support of donor Governments, special fund-raising missions were undertaken to the European Commission, Canada, Italy, United Kingdom of Great Britain and Northern Ireland and United States of America. Meetings were also held with the Inter-Parliamentary Union and the Committee on Civil Liberties and Internal Affairs of the European Parliament to examine new avenues for increased cooperation in drug control.

148. On the basis of selected criteria, UNDCP has initiated contacts with several high- and middle-income countries such as Malaysia, Singapore and Thailand. Similar approaches were being pursued with Brunei Darussalam and the Republic of Korea, as well as with States members of the Gulf Cooperation Council.

149. During the reporting period, UNDCP continued to encourage countries receiving technical assistance to assume an increasing share of the financial burden in national drug control activities. In that connection, the Government of Brazil was increasingly using cost-sharing arrangements with UNDCP, whereby the Government financed 80 per cent of UNDCP-assisted drug-control projects or the whole project, while UNDCP provided technical expertise and oversight functions during the implementation phase. Another case in point was the UNDCP-initiated cross-border law enforcement programme between the Islamic Republic of Iran and Pakistan, under which the two Governments bear a substantial share of the costs.

150. With a view to creating a broader spectrum of partnerships and promoting the involvement of society at large in addressing international drug-control issues, UNDCP is encouraging the private sector, particularly the corporate world, to contribute to its activities. One successful result of such efforts has been the support

received from the Drug Abuse Prevention Centre in Japan, which has contributed a significant share of the proceeds of its annual awareness campaigns to UNDCP.

Notes

[1]*Official Records of the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Vienna, 25 November-20 December 1988*, vol. I (United Nations publication, Sales No. E.94.XI.5).

[2]United Nations, *Treaty Series*, vol. 976, No. 14152.

[3]Ibid., vol. 1019, No. 14956.

[4]*Report of the International Narcotics Control Board for 1995* (United Nations publication, Sales No. E.96.XI.1).

[5]E/1990/39 and Corr.1 and 2 and Add.1.

[6]World Bank, *World Development Report 1996* (New York, New York, Oxford University Press, 1996).

UNITED
NATIONS

E

Economic and Social
Council

Distr.
GENERAL

E/CN.7/1996/3
1 February 1996

ORIGINAL: ENGLISH

COMMISSION ON NARCOTIC DRUGS
Thirty-ninth session
Vienna, 16-25 April 1996
Item 3 of the provisional agenda*

GENERAL DEBATE: GOVERNMENT ACTION TO IMPLEMENT THE GLOBAL PROGRAMME OF ACTION AND POLICY DIRECTIVES ADDRESSED TO THE UNITED NATIONS INTERNATIONAL DRUG CONTROL PROGRAMME, INCLUDING FOLLOW-UP TO GENERAL ASSEMBLY RESOLUTION 48/12

Implementation of General Assembly resolution 48/12, on measures to strengthen international cooperation against the illicit production, sale, demand, traffic and distribution of narcotic drugs and psychotropic substances and related activities

Report of the Executive Director

Summary

The present report has been prepared pursuant to Commission on Narcotic Drugs resolution 13 (XXXVIII) in the context of its examination of the current status of international cooperation in drug control, initiated pursuant to General Assembly resolution 48/12. In that resolution, the Commission was entrusted with the responsibility to review the effectiveness of the international drug control instruments and to consider and make recommendations on a number of drug-related issues. A report on the subject by the Executive Director was presented to the Commission at its thirty-eighth session. In its resolution 13 (XXXVIII), the Commission requested the Executive Director to refine and elaborate, in consultation with Governments, the recommendations contained in that report. The present document reflects comments and additional information provided by Governments to the Executive Director as a result of that consultation. The Commission should report on those matters through the Economic and Social Council to the General Assembly at its fifty-first session.

*E/CN.7/1996/1.

V.96-80508T

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INTRODUCTION

1. At the high-level plenary meetings at its forty-eighth session, the General Assembly adopted resolution 48/12, on measures to strengthen international cooperation against the illicit production, sale, demand, traffic and distribution of narcotic drugs and psychotropic substances and related activities. In that resolution, the Assembly requested the Commission on Narcotic Drugs, with the support of the United Nations International Drug Control Programme (UNDCP) and in cooperation with the International Narcotics Control Board, to monitor and evaluate action taken to implement the international drug control instruments, with a view to identifying areas of satisfactory progress and weakness, and to make recommendations on those matters. In addition, the Assembly invited the Commission to report on its findings through the Economic and Social Council to the General Assembly at its fiftieth session.

2. The Commission at its thirty-seventh session, after discussing the requests contained in General Assembly resolution 48/12, adopted resolution 3 (XXXVII), in which it formulated the methodology that it wished to follow in responding to the requests. It decided to proceed on the basis of an assessment by the Executive Director of UNDCP, in cooperation with the Board and with the support of an ad hoc intergovernmental advisory group, as well as on the basis of a report by the Executive Director in the light of the work of its subsidiary bodies and the conclusions and recommendations of relevant conferences.

3. The Executive Director convened the ad hoc intergovernmental advisory group twice at Vienna, from 29 August to 9 September 1994 and from 14 to 18 November 1994, and prepared an assessment in his first report on the subject (E/CN.7/1995/14). At its thirty-eighth session, the Commission continued its examination of the implementation of General Assembly resolution 48/12 and adopted resolution 13 (XXXVIII), in which it established the procedure that it wished to follow in completing its examination of the issues raised in the Assembly resolution. In its resolution, the Commission requested the Executive Director to further elaborate and refine his recommendations on the basis of additional information obtained from Governments, for further consideration at its thirty-ninth session.

4. Accordingly, Governments were requested to transmit comments to the Executive Director by 1 December 1995. As at 1 February 1996, substantive replies had been received from Australia, Austria, Belgium, Brazil, Colombia, Peru, South Africa and United Kingdom of Great Britain and Northern Ireland.

5. The recommendations emanating from the first report of the Executive Director have been regrouped into four categories, taking into account, *inter alia*, the substantive content and the magnitude of programme budget implications. Section I deals with matters related to the functioning of the international drug control treaties. Sections II and III contain, respectively, recommendations relating to the convening of conferences or other meetings and additional activities undertaken by UNDCP; they therefore have potential programme budget implications for either the regular budget of the United Nations or the budget of the Fund of the United Nations International Drug Control Programme. Section IV concerns those recommendations that were addressed to States and those contained in the reports of the subsidiary bodies (E/CN.7/1995/9) which have few or no programme budget implications for the United Nations. Section V contains a listing of the recommendations that were refined in the light of the views expressed by Governments, as requested in Commission resolution 13 (XXXVIII).

I. RECOMMENDATIONS RELATED TO THE FUNCTIONING OF THE INTERNATIONAL DRUG CONTROL TREATIES

6. The present section reflects, in the light of additional comments received by Governments, the following recommendations contained in the report of the Executive Director on the implementation of General Assembly resolution 48/12 (E/CN.7/1995/14, paragraphs 46-49):

(a) Proposed amendments to the Single Convention on Narcotic Drugs of 1961[1] and the Convention on Psychotropic Substances of 1971;[2]

(b) The convening of two expert groups to review controls applicable to poppy straw and the adequacy of definitions in the 1961 and 1971 conventions;

(c) Review of the United Nations Convention against Illicit Traffic on Narcotic Drugs and Psychotropic Substances of 1988;[3]

(d) Data collection from Governments.

7. In his report, the Executive Director proposed that several provisions of the 1961 and 1971 conventions should be amended, in order to remove inadequacies in their control mechanisms and inconsistencies that had emerged in several areas, partly as a result of technological advances in the production and manufacture of drugs (E/CN.7/1995/14, paragraphs 8-20 and 46). The proposed amendments are discussed in detail in a publication of the Board on the effectiveness of the international drug control treaties.[4]

8. One respondent* did not share the assessment of the ad hoc intergovernmental advisory group and the Board that the 1961 and 1971 conventions had generally achieved their intended objectives, stating the drug problem had increased rather than decreased in magnitude during the previous 30 years. In the view of the respondent, while many diversions of licit drugs into the illicit traffic had been uncovered, the problem had not been corrected at its roots. There was a need to re-examine traditional ways of addressing drug control issues. Although it supported some of the amendments proposed, the respondent did not support the proposal to amend the conventions using the simplified procedure under article 47 of the 1961 Convention and article 30 of the 1971 Convention.

A. Simplified reporting on licit trade in narcotic drugs[5]

9. One respondent** concurred with the proposal for annual instead of quarterly statistical reporting on international trade in narcotic drugs but added that quarterly reconciliation at the domestic level would have to be maintained.

B. Establishing an import and export authorization system for substances in Schedules III and IV of the Convention on Psychotropic Substances of 1971[6]

10. No comments were received with respect to the recommendation on establishing an import and export authorization system for substances in Schedules III and IV of the 1971 Convention.

C. Establishment of a simplified estimate (assessment) system for substances in Schedules II, III and IV of the 1971 Convention[5]

11. One respondent** was in favour of establishing a simplified estimate (assessment) system for substances in Schedule II of the 1971 Convention but questioned the need to establish such a system for substances in Schedules III and IV. Another respondent*** felt that before a mandatory expansion of the estimate system for psychotropic substances could be considered, assistance should be provided to Governments in estimating more accurately their licit requirements for narcotic drugs and psychotropic substances.

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*Peru.
**Australia.
***South Africa.

D. More detailed reporting for substances in Schedules III and IV of the 1971 Convention[7]

12. The need for detailed reporting on the countries of origin of imports and the countries of destination of exports of substances in Schedules III and IV of the 1971 Convention was questioned by one respondent,* who believed that the additional efforts necessary to fulfil that requirement would outweigh potential benefits.

E. Harmonizing the scheduling criteria and decision-making process under the Single Convention on Narcotic Drugs of 1961 and the 1971 Convention[8]

13. No comments were received with respect to the recommendation on harmonizing the scheduling criteria and decision-making process under the 1961 and 1971 conventions.

F. Review of existing definitions in the 1961 Convention and the 1971 Convention

14. Two respondents** endorsed the proposal of the Executive Director to convene, in cooperation with the Board, a group of experts to review the adequacy of existing definitions in the 1961 and 1971 conventions. One of the respondents believed that the expert group should focus its work on cannabis products whereas the other emphasized the need to resolve and clarify ambiguities concerning coca bush cultivation and consumption of coca leaf.

G. Review of the adequacy of the control regime applicable to poppy straw

15. One respondent* stated that tight controls were maintained over commercially cultivated poppy straw in the country and expressed interest in participating in the above-mentioned expert group if it was to be established.

H. Review of the operation of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

16. One respondent*** stressed the importance of a review of the 1988 Convention and considered that a mechanism to monitor the implementation of that Convention should be established urgently. Another respondent* believed that the Commission should include the review of the 1988 Convention as a regular item on its agenda.

I. Annual reports questionnaire

17. The proposals in the report of the Executive Director on the implementation of General Assembly resolution 48/12 (E/CN.7/1995/14) regarding shortening of the annual reports questionnaire and informing the Commission each year of the failure of States parties to the international drug control treaties to submit annual reports to the Secretariat have been implemented by the Secretariat. The Commission may wish to consider the feedback that it wishes to give to States parties to the international drug control treaties that consistently fail to provide the Secretariat with the information requested.

18. The Executive Director agrees with the Board that the benefits resulting from the institutionalization of currently voluntary but widely applied control measures would outweigh the efforts required to establish and

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*Australia.
**Peru and South Africa.
***Peru.

apply them universally. In connection with this and other treaty control measures, the Commission is invited to consider the recommendations contained in paragraphs 52-54 below.

II. RECOMMENDATIONS RELATED TO THE INTERGOVERNMENTAL REVIEW OF DRUG CONTROL MATTERS

19. The present section contains a review of recommendations on (a) the convening of a second international conference on drug abuse and illicit trafficking and (b) the establishment of a group to review the objectives of alternative development programmes, in the light of additional comments received by Governments (E/CN.7/1995/14, paragraphs 50 and 79 (a)).

A. Second international conference on drug abuse and illicit trafficking

20. At its thirty-eighth session, the Commission considered a proposal to convene a second international conference on drug abuse and illicit trafficking to review progress made by Governments and the United Nations system in combating drug abuse and illicit trafficking since the convening in 1987 of the International Conference on Drug Abuse and Illicit Trafficking. The Commission decided to keep the proposal under consideration.

21. Following its examination of drug control issues at its substantive session of 1995, the Economic and Social Council, in its resolution 1995/40, recommended that the General Assembly and the Commission on Narcotic Drugs give priority consideration to the proposal to convene such a conference. The General Assembly also considered the matter at its fiftieth session and in its resolution 50/148, section IV, requested the Commission to discuss the issue fully, as a matter of priority, at its thirty-ninth session; in addition, the Assembly stressed that, when considering the proposal for holding such a conference, the Commission should take into account international drug control priorities and resources and the financial and other implications of holding such a conference.

22. Two respondents* were of the opinion that such a conference would ensure the continuing commitment of Governments to the fight against drug abuse and illicit trafficking. One respondent** considered that any such event should be forward-looking and should promote innovative solutions instead of being overly influenced by traditional ways of addressing the problem. In its examination of the issue, the Commission is invited to consider the recommendation contained in paragraph 55 below.

B. Expert group or similar forum to review alternative development programmes

23. In his report on the implementation of General Assembly resolution 48/12 (E/CN.7/1995/14, paragraph 79 (a)), the Executive Director suggested that a monitoring and evaluation system should be set up in the form of an expert group, task force or other forum, in order to prioritize alternative development activities financed in part or fully by the Fund of UNDCP. The expert group would also establish objectives and expected results of alternative development programmes, monitor their progress and evaluate their effectiveness. Two respondents*** were of the opinion that the establishment of such an expert group could facilitate an examination of the issue. The Commission is invited to consider the recommendation contained in paragraph 56 below, which reflects those views.

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*Colombia and Peru.

**Peru.

***Peru and South Africa.

III. RECOMMENDATIONS RELATED TO ACTIVITIES OF THE UNITED NATIONS INTERNATIONAL DRUG CONTROL PROGRAMME

24. The present section reflects comments by Governments on recommendations that would have an impact on activities of UNDCP relating to (a) legalization of the non-medical use of drugs; (b) the adequacy of penalties for drug-related offences; (c) human resource development; (d) relations with non-governmental organizations; and (e) inter-agency involvement and cooperation (E/CN.7/1995/14, paragraphs 52 (a) and (b), 79 (b), 95, 96 and 113 (b)).

A. Non-medical use of drugs

25. In his report on the implementation of General Assembly resolution 48/12, the Executive Director suggested that a two-pronged approach be adopted to address the issue of legalization of the non-medical use of drugs. First, UNDCP should undertake a study on the implications of decriminalization and of harm-reduction policies in countries in which those policies have been adopted (E/CN.7/1995/14, paragraph 52 (b)). While one respondent* supported that recommendation, another** believed that if implications of programmes based on a harm-reduction approach were to be assessed, other models of drug abuse programmes should also be evaluated and that any assessment of drug abuse programmes, including harm-reduction programmes, should be balanced and open-minded.

26. Secondly, in his report (E/CN.7/1995/14, paragraph 52 (a)), the Executive Director recommended that concrete and sound arguments against legalization of the non-medical use of drugs should be provided. One respondent* concurred with the proposal, pointing out that, at a time when pressure groups were using the media to obtain public support for the legalization of cannabis, it was important for Governments and non-governmental organizations to be armed with powerful counter-arguments. However, another respondent** felt that, if such research was undertaken, it would need to be impartial and to address both sides of the legalization argument in order to allow for a balanced and open debate. In this connection, the attention of the Commission is directed to the recommendation of the Executive Director contained in paragraph 57 below.

B. Review of adequacy of penalties for drug-related offences

27. Two respondents*** believed that the adequacy of penalties for drug-related offences should be further reviewed, in consultation with the Crime Prevention and Criminal Justice Division of the Secretariat. The attention of the Commission is drawn to the recommendation contained in paragraph 58 below, which reflects those views.

C. Human resource development

28. One respondent**** expressed satisfaction with the recommendations made by the Executive Director, including the proposal that UNDCP should draw up guidelines on possible approaches to be used in the training of demand reduction and law enforcement personnel (E/CN.7/1995/14, paragraph 95). Regarding the selection of trainees for training programmes organized by UNDCP, it was emphasized that it should be left to each Government to designate personnel who would receive the necessary training.

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*South Africa.
**Australia.
***Peru and South Africa.
****Peru.

D. Relations with non-governmental organizations

29. One respondent* believed that UNDCP should assist in developing a more proactive dialogue between the Commission and non-governmental organizations but questioned the purpose of UNDCP maintaining its own list of accredited non-governmental organizations that would be modelled on the list of non-governmental organizations in consultative status with the Economic and Social Council. Another respondent** considered that UNDCP should promote activities of non-governmental organizations and should encourage activities of the private sector. The recommendation of the Executive Director on this matter appears in paragraph 59 below.

E. Inter-agency involvement and cooperation

30. One respondent** was of the opinion that UNDCP should work more systematically towards involving all development agencies in international drug control activities. The drug control aspect should be incorporated into the United Nations country strategy notes, and UNDP resident representatives, in their capacity as resident coordinators of United Nations efforts at the country level, should be encouraged to give greater priority to drug control efforts. One respondent*** endorsed enhanced and continued cooperation between the World Health Organization and UNDCP in areas of mutual competence. Another respondent**** indicated that it was important to ensure that UNDCP acted as liaison between international organizations in order to reduce duplication of efforts and requests for and supply of information.

IV. RECOMMENDATIONS ADDRESSED TO STATES

31. A number of recommendations contained in the report of the Executive Director on the implementation of General Assembly resolution 48/12 (E/CN.7/1995/14) were addressed to States or Governments, with a view to improving international cooperation in the field of international drug control. In its resolution 13 (XXXVIII), the Commission invited States to give due consideration to those recommendations and to apply them where appropriate; in addition, the Commission requested States to inform the Executive Director of their findings on the recommendations, together with their views on the relevance and adequacy of the recommendations. The recommendations of the Executive Director on this matter appear in paragraph 60 below.

A. Treaty implementation

32. The present subsection reflects the recommendations on the implementation of the provisions of the international drug control treaties, in the light of additional information provided by Governments on their adequacy and on action taken by them (E/CN.7/1995/14, paragraphs 51, 52 (c), 79 (c) and 113 (a)).

33. Several respondents***** emphasized the importance of international cooperation in drug control and outlined steps their Governments had taken to conclude bilateral and multilateral mutual legal assistance agreements, as well as agreements promoting cooperation among their law enforcement agencies. Support was expressed for the Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control[9]

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*South Africa.
**Peru.
***Australia.
****United Kingdom.
*****Australia, Austria, Brazil, Colombia, Peru and United Kingdom.

47. Two respondents* considered that 30 per cent of contributions to the Fund of UNDCP should be general-purpose, not earmarked contributions in order to ensure a measure of flexibility in the management of the operational activities of the Programme.

48. Several respondents** felt that Governments should intervene in the governing bodies of development agencies, international financial institutions such as the World Bank, regional development banks and other relevant forums in order to promote the inclusion of a drug dimension when development programmes were drawn up. Two respondents*** added that they had done so on several occasions. While supporting the idea, one respondent**** cautioned that the inclusion of a drug dimension in economic development programmes should not lead to additional indebtedness on the part of the countries concerned.

49. The suggestion that States parties to the 1988 Convention should consider adopting legislation that would permit a fixed percentage of confiscated assets to be used to support the fight against drug abuse and illicit trafficking, both bilaterally and through UNDCP, was specifically addressed by two respondents: one respondent**** felt that every Government should establish its own criteria and measures regarding the use of confiscated drug proceeds and that contributions to UNDCP should be made on an entirely voluntary basis; the other***** did not believe that it would be right to fund UNDCP from such a fluctuating and unpredictable source of income.

50. Several respondents† were of the opinion that States should consider encouraging activities of non-governmental organizations designed to raise funds for anti-drug programmes, including the promotion of educational and preventive campaigns; those respondents provided information on action taken in that regard.

51. One respondent**** agreed that Governments should be encouraged to provide complementary financial resources through co-financing or cost-sharing of programmes but pointed out that the extent of co-financing should be proportionate to the Government's economic situation. One respondent†† stated that it had already provided complimentary funding through its aid programme where bilateral priorities intersected with UNDCP.

V. ACTION BY THE COMMISSION

52. The Commission is invited to comment on the following proposed amendments to the 1961 and 1971 conventions:

(a) Providing for annual instead of quarterly statistical reporting on international licit trade in narcotic drugs;[5]

(b) Establishing a simplified estimate (assessment) system for substances in Schedules II, III and IV of the 1971 Convention, as well as an import and export authorization system for substances in Schedules III and IV of the 1971 Convention;[10]

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*Australia and Peru.
**Australia, South Africa and the United Kingdom.
***Australia and the United Kingdom.
****Peru.
*****United Kingdom.
†Australia, Peru, South Africa and the United Kingdom.
††Australia.

(c) Requiring detailed reporting on the countries of origin of imports and the countries of destination of export of substances in Schedules III and IV of the 1971 Convention;[6]

(d) Harmonizing the scheduling criteria and decision-making process under the 1961 and 1971 conventions.[8]

53. The Commission is invited to decide whether UNDCP should take steps to initiate a review of specific treaty-related drug control matters by convening:

(a) A group of experts to review, in cooperation with the Board, the adequacy of existing definitions in the 1961 and 1971 conventions, with particular reference to various cannabis and coca leaf products;[11]

(b) A group of experts to review, in cooperation with the Board, the adequacy of the control regime applicable to poppy straw, set down in the 1961 Convention, article 25.

54. The Commission is invited to address the question of how to implement its treaty obligation to review the operation of the 1988 Convention, pursuant to article 21 (a) of that Convention, and in particular the question of how to identify the mechanism by which it will carry out that review. In addition, the Commission is invited to consider whether it is necessary to include on its agenda a separate item on the review of the operation of the 1988 Convention.

55. As requested by both the Economic and Social Council in its resolution 1995/40 and the General Assembly in its resolution 50/148, section IV, the Commission should consider, as a matter of priority, the advisability of convening a second international conference on drug abuse and illicit trafficking, taking into account international drug control priorities and resources, the financial and other implications of holding such a conference, as well as other options that would ensure the continuing commitment of Governments to drug control at all levels and would further strengthen the implementation of existing international conventions and other international instruments for cooperation on drug control.

56. The Commission is invited to decide whether UNDCP should convene a group of experts to establish objectives and expected results of alternative development programmes and to monitor and evaluate their effectiveness.

57. The Commission is invited to decide whether UNDCP should research the issue of legalization of the non-medical use of drugs, taking into account arguments put forward by proponents and opponents of such legalization, as well as its consequences in countries where such policies have been adopted, and should disseminate the results of that research to Governments and other interested parties.

58. The Commission is invited to decide whether UNDCP should further review the adequacy of penalties for drug-related offences, in consultation with the Crime Prevention and Criminal Justice Division, and report its findings to the Commission on Narcotic Drugs and the Commission on Crime Prevention and Criminal Justice.

59. The Commission is invited to consider how UNDCP could further develop an active dialogue with non-governmental organizations, in order to encourage their active participation in drug abuse control programmes and projects.

60. The Commission is also invited to consider the following recommendations to be addressed to States for consideration and implementation:

(a) States should continue to cooperate by concluding bilateral and multilateral agreements, particularly concerning mutual legal assistance and money-laundering, with a view to enhancing their implementation of the international drug control treaties;

(b) States are invited to make increased use of the Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control and the Global Programme of Action at the national level as instruments for implementing the international drug control treaties;

(c) States should continue to explore the possibility of applying alternative measures to conviction or punishment for drug-related offences;

(d) States should draw up, with the assistance of UNDCP where necessary, national drug control strategies or master plans defining their objectives and priorities and determining the steps to be taken to implement them, thereby also providing a basis for developing a subregional strategy;

(e) States should consider including in national drug control strategies or master plans a demand reduction programme adjusted to local conditions and needs which includes activities in both the public sector and the private sector;

(f) States are invited to inform UNDCP of national demand reduction programmes in order to share their experiences with other States;

(g) States should reaffirm their commitment to UNDCP by contributing to it in a continuing and consistent pattern;

(h) States should, to the extent feasible, honour their pledges in a timely manner in order to enable UNDCP to maintain an adequate cash-flow;

(i) States that contribute to UNDCP should consider that, in order to ensure a measure of flexibility in the management of UNDCP operational activities, the total contributions from individual donor States should allow the utilization of 30 per cent by UNDCP as general-purpose contributions;

(j) States that receive assistance from UNDCP should provide, to the extent possible, complementary financial resources through co-financing or cost-sharing of programmes at the national and subregional levels, in cash or in kind.

Notes

[1]United Nations, *Treaty Series*, vol. 520, No. 7515.

[2]Ibid., vol. 1019, No. 14956.

[3]*Official Records of the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Vienna, 25 November-20 December 1988*, vol. I (United Nations publication, Sales No. E.94.XI.5).

[4]*Effectiveness of the International Drug Control Treaties: Supplement to the Report of the International Narcotics Control Board for 1994* (United Nations publication, Sales No. E.95.XI.5).

[5]Ibid., paras. 32-34.

[6]Ibid., paras. 57-60.

[7]Ibid., paras. 61-62.

[8]Ibid., paras. 63-68.

[9]*Report of the International Conference on Drug Abuse and Illicit Trafficking, Vienna, 17-26 June 1987* (United Nations publication, Sales No. E.87.I.18), chap. I, sect. A.

[10]*Effectiveness* ..., paras. 55-57.

[11]Ibid., paras. 38-49.

UNITED
NATIONS

E

Economic and Social
Council

Distr.
GENERAL

E/CN.7/1996/4
20 February 1996

ORIGINAL: ENGLISH

COMMISSION ON NARCOTIC DRUGS
Thirty-ninth session
Vienna, 16-25 April 1996
Item 4 of the provisional agenda*

PRINCIPLES AND PRACTICE OF PRIMARY AND SECONDARY PREVENTION IN DEMAND REDUCTION PROGRAMMES

Draft declaration on the guiding principles of reduction of illicit demand for drugs

Note by the Executive Director

Summary

In accordance with Economic and Social Council resolution 1995/16 of 24 July 1995, on the integration of demand reduction initiatives into a cohesive strategy to combat drug abuse, the Executive Director of the United Nations International Drug Control Programme (UNDCP) consulted with Governments and the relevant international organizations, and invited them to indicate the key elements and priorities for international drug demand reduction which might, in their view, be usefully included in a draft declaration on the guiding principles of demand reduction. The resolution had arisen from discussions by the Commission on Narcotic Drugs at its thirty-eighth session on the reduction of illicit demand for drugs. Further action taken by the Secretariat is reported in chapter I, and action now required by the Commission is summarized in chapter II. The expanded outline of the draft declaration, incorporating comments and proposals from Governments and organizations, is presented in annex II.

*E/CN.7/1996/1.

V.96-80924T

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INTRODUCTION

1. The Commission on Narcotic Drugs, at its thirty-eighth session, considered the issue of the reduction of illicit demand for drugs under item 4 of its agenda. It had before it a note by the Secretariat on the basic principles of demand reduction (E/CN.7/1995/4). During its discussion of the matter, the Commission commended the note by the Secretariat, which was considered to provide an essential reference for the development of demand reduction programmes (E/1995/29, para. 38).[1] In addition, it was recognized that the existing international drug control treaties, the Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control adopted by the International Conference on Drug Abuse and Illicit Trafficking[2] and the Global Programme of Action adopted by the General Assembly at its seventeenth special session, on 23 February 1990,[3] were an adequate basis for implementing demand reduction programmes.

2. During its examination of demand reduction, the Commission also considered the question of the potential effectiveness of an international treaty on the issue. The matter had been examined by the intergovernmental advisory group convened by the Executive Director of the United Nations International Drug Control Programme (UNDCP) to assist in the review of a number of issues related to drug abuse called for by the General Assembly in its resolution 48/12 of 28 October 1993 (see E/CN.7/1995/14, paras. 62-66). The advisory group had been of the opinion that the field of demand reduction did not easily lend itself to codification and to formal obligations such as those that would arise under the provisions of a convention, but that the subject might give rise to a political declaration consolidating the guiding principles of demand reduction. The Executive Director agreed with that approach, and the Commission concurred that there was no need for a separate convention on the subject, and expressed support for the elaboration of an international declaration on the guiding principles of demand reduction which Governments could usefully apply in their efforts to counter the illicit demand for drugs (E/1995/29, para. 40).[1]

3. At the conclusion of its discussion on demand reduction, the Commission recommended to the Economic and Social Council the adoption of a draft resolution entitled "Integration of demand reduction initiatives into a cohesive strategy to combat drug abuse", which became Council resolution 1995/16 of 27 July 1995.

4. In paragraph 2 of its resolution 1995/16, the Council requested the Executive Director of UNDCP to develop, in consultation with Governments and organizations represented in the Commission by observers, a draft declaration on the guiding principles of demand reduction, for submission to the Commission at its thirty-ninth session and subsequently, through the Council, to the General Assembly for adoption. The present note responds to that request.

I. ACTION TAKEN BY THE SECRETARIAT PURSUANT TO ECONOMIC AND SOCIAL COUNCIL RESOLUTION 1995/16

5. Pursuant to the request contained in paragraph 2 of Council resolution 1995/16, a note verbale was sent to Governments and organizations with the request that they indicate what they considered to be key elements and priorities for reducing the international demand for drugs as well as elements which might usefully be included in such a draft declaration. To facilitate contributions, a proposed outline of the draft declaration (see annex I) and a copy of the note by the Secretariat prepared for the thirty-eighth session of the Commission referred to in paragraph 1 above were also transmitted with the note verbale.

6. As of 15 February 1996, relevant substantive responses had been received from eight States (Australia, Bangladesh, Canada, Colombia, Mexico, Norway, Papua New Guinea and United Kingdom of Great Britain and Northern Ireland), two United Nations Secretariat units (Economic and Social Commission for Asia and the Pacific (ESCAP) and Office for Outer Space Affairs (OOSA)), a research institute (United Nations Interregional Crime and Justice Research Institute (UNICRI)), two specialized agencies (International Labour Organization (ILO) and World Health Organization (WHO)); and two non-governmental organizations in consultative status with the Economic and Social Council (International Council on Alcohol and Addictions (ICAA) and International Federation of Non-Governmental Organizations for the Prevention of Drug and Substance Abuse (IFNGO)).

7. Substantive comments received from Governments and organizations are reflected in annex II under the proposed outline headings which seem most appropriate. In several cases, the outline originally proposed by the Secretariat has been expanded to include new headings required to accommodate the responses received. New headings are so indicated in the text. The outline originally proposed is reproduced in annex I to facilitate comparison.

8. Annex II presents a summarized version of proposals made by those Governments and organizations which responded to the request of the Secretary-General. No attempt has been made to analyse those proposals or to assess their relative merit. This would clearly seem premature before additional input is received from interested Governments and the Commission has had a first opportunity to evaluate progress and to determine the future course of action required. Instructions by the Commission on action to be taken by the Secretariat at the current stage of development is the subject of chapter II.

II. ACTION REQUIRED BY THE COMMISSION ON NARCOTIC DRUGS

9. The preparatory work involved in developing a draft declaration on the guiding principles of reduction of illicit demand for drugs is akin to that involved in developing any international agreement, statement, treaty or similar instrument requiring consensus. That fact was recognized by the Commission when it requested that the draft declaration be prepared in close consultation with Governments and relevant international organizations. When approaching the next step in the elaboration of the draft declaration, the Commission might wish to reflect on how best to arrive at such a consensus, after identifying the positions which will serve as a basis for discussion and negotiation of a text. In that connection, the Commission is reminded that among existing consensus texts on the subject are article 38 of the Single Convention on Narcotic Drugs of 1961,[4] as amended by the 1972 Protocol,[5] and article 20 of the Convention on

Psychotropic Substances of 1971,[6] as well as, more recently, article 14 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.[7] The note by the Secretariat on the basic principles of demand reduction (E/CN.7/1995/4), which was considered by the Commission at its thirty-eighth session, might also be of use in identifying areas of agreement, and will therefore be available to the Commission at its thirty-ninth session for reference.

10. The preliminary proposals received to date from Governments and organizations constitute a first step, resulting in a broad outline on which to build, but one which still needs considerable elaboration and additional inputs before it can become the basis for a declaration. The proposals contained in annex II should thus be seen as only the starting-point for further guidance to the Secretariat on how the Commission wishes to proceed.

11. One option which the Commission might wish to consider would be to request the Executive Director of UNDCP to convene a small but geographically representative expert group to prepare a first full-fledged draft on the basis of additional input from Governments and specialized organizations. Such a group could meet towards the end of 1996, and base its discussions on existing texts as well as any additional comments that might be submitted to the Secretary-General following a new request for contributions. The draft thus prepared could serve as the basis for discussion at the fortieth session of the Commission.

Notes

[1]See *Official Records of the Economic and Social Council, 1995, Supplement No. 9* (E/1995/29).

[2]See *Report of the International Conference on Drug Abuse and Illicit Trafficking, Vienna, 17-26 June 1987* (United Nations publication, Sales No. E.87.I.18), chap. I, sect. A.

[3]See resolution S-17/2, annex.

[4]United Nations, *Treaty Series*, vol. 520, No. 7515.

[5]Ibid., vol. 976, No. 14152.

[6]Ibid., vol. 1019, No. 14956.

[7]*Official Records of the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Vienna, 25 November-20 December 1988*, vol. I (United Nations publication, Sales No. E.94.XI.5).

Annex I

PROPOSED OUTLINE ANNEXED TO THE NOTE VERBALE OF THE SECRETARY-GENERAL REQUESTING COMMENTS FROM GOVERNMENTS AND ORGANIZATIONS

Objectives

Key element 1. To create a long-term commitment to reduce significantly the illicit demand for drugs through changing attitudes and behaviours, particularly of young people, towards drugs which may be abused, through the development of appropriate programmes, with adequate funding, effective delivery and careful evaluation.

Key element 2. To ensure a comprehensive, balanced and coordinated approach to the illicit demand for drugs, encouraging collaboration and cooperation at all levels in society.

Understanding the problem of drug abuse

Key element 3. To undertake national assessments which identify the types of drugs being abused, by which groups and in what manner, as well as the underlying reasons for this abuse.

Key element 4. To raise the awareness of the general public of the impact of drug abuse on society as a whole, through the measurement of the costs and consequences of such abuse.

Targeting those in need

Key element 5. To identify those groups of people most in need of urgent interventions.

Key element 6. To ensure that any intervention is tailored to the needs of the target group, ensuring that it is appropriate to the culture of the group and matches the resources available.

Integration of programmes

Key element 7. To integrate different types of demand reduction programmes, such as education, treatment and community programmes, with each other as well as with general health issues.

Key element 8. To incorporate the issue of the reduction of illicit demand for drugs into other programmes undertaken in a broader socio-economic context.

Evaluation of programmes

Key element 9. To evaluate the process of implementation and outcome of interventions and to use the results of that evaluation to develop future programmes and policies.

Training

Key element 10. To incorporate a drug dimension in vocational and professional training for all those whose work may bring them into contact with drug abusers.

Roles of international organizations

Key element 11. To identify the mandate of UNDCP and other United Nations entities and the role of the non-governmental organizations.

Annex II

PRELIMINARY COMMENTS AND PROPOSALS FOR CONSIDERATION IN THE PREPARATION OF A DRAFT DECLARATION ON THE GUIDING PRINCIPLES OF REDUCTION OF ILLICIT DEMAND FOR DRUGS

A. **Preamble** (new heading)

Comments

Drug consumption is the stimulus for drug production and trafficking, and the reduction of demand is therefore a radical although long-term solution to the problem (Mexico).

International drug efforts are guided by a framework comprising the international drug control treaties and the Global Programme of Action. The declaration on demand reduction will be an important addition to this framework. In this context it is important that particular concerns - or harms - be identified so that appropriate measures to address them could be developed (Australia).

Reference should be made in particular to article 14, paragraph 4, of the 1988 Convention (Mexico).

It is necessary to stress the need for all countries where there is widespread drug abuse to assume responsibility and an explicit commitment to adopt programmes to bring about an appreciable reduction in illicit drug consumption in those countries (Mexico).

B. **Definitions** (new heading)

Comments

The terms used in the document should not be at variance with the concepts and terminology used in the 1993 report of the WHO Expert Committee on Drug Dependence,[a] and due consideration should be given to relevant documents issued by UNDCP or United Nations specialized agencies such as the International Labour Organization, the United Nations Educational, Scientific and Cultural Organization and WHO (Norway).

C. Objectives

Key element 1. To create a long-term commitment to reduce significantly the illicit demand for drugs through changing attitudes and behaviours, particularly of young people, towards drugs which may be abused, through the development of appropriate programmes, with adequate funding, effective delivery and careful evaluation.

Comments

We would prefer the word "sustained" rather than "long-term", and suggest "appropriate" evaluation rather than "careful" (ICAA).

Key element 2. To ensure a comprehensive, balanced and coordinated approach to the illicit demand for drugs, encouraging collaboration and cooperation at all levels in society.

Comments

Demand reduction and supply control strategies operate within a harm-minimization environment. Harm minimization is an approach that aims at reducing the adverse health, social and economic consequences of alcohol and other drugs by minimizing or limiting the harms and hazards of drug use for both the community and the individual without necessarily eliminating use (Australia).

States should increase awareness about the range of demand reduction strategies, and should encourage the development of innovative approaches to drug demand reduction, providing for a forum for open and frank discussions on policy options (Australia).

An objective must be to foster and win global adoption for clean and healthy living without drug abuse (IFNGO).

D. Understanding the problem of drug abuse

Key element 3. To undertake national assessments which identify the types of drugs being abused, by which groups and in what manner, as well as the underlying reasons for this abuse.

Comments

Effective interventions for the prevention and reduction of drug abuse are only possible with reliable, relevant and timely information defining the nature and extent of the problems and the health implications of illicit drug abuse. Use should be made of various research techniques, *inter alia*, epidemiological monitoring and rapid situation and needs assessment (WHO).

Research should also identify targets and mechanisms for interventions (needs assessment and resource assessment) (ICAA).

In understanding the problem of drug abuse, national assessments need to identify not only the nature, but the extent of drug abuse, and to identify emerging as well as changing trends so that priorities for action can be set (Australia).

Drug abuse is the result of many complex personal, social and familial problems (Bangladesh).

Key element 4. To raise the awareness of the general public of the impact of drug abuse on society as a whole, through the measurement of the costs and consequences of such abuse.

Comments

The problem of illicit drug abuse must be seen in a social, economic, cultural and political context. The extent of the problems and these factors are mutually affected and dependent (Norway).

Knowledge of costs and consequences may not in themselves produce the effect of raising awareness (WHO).

E. General strategy (new heading)

Comments

Demand reduction programmes should be developed and implemented within the context of an overall national strategic plan (Australia, Colombia, ESCAP). National plans should be holistic in their approach

and set clear goals, targets and measurable objectives, based on a comprehensive assessment of needs, for individual nations to work towards (Australia, Canada). Demand reduction programmes should be integrated into national master plans (Norway, UNICRI).

The adoption of a comprehensive, balanced and coordinated approach at the international, national, regional and local level for dealing with illicit demand, supply and trafficking of drugs is required (Canada, United Kingdom).

Demand reduction and supply control strategies need to be complementary and integrated with one another (Australia, Bangladesh, Norway, Papua New Guinea, ESCAP). Cooperation and collaboration between the demand reduction, supply reduction and enforcement communities should be encouraged (Canada).

Strategies should be linked to and supported by public policy and with an awareness of direct and indirect consequences. They should also take into account the affordability and cost effectiveness of any approach or initiative being considered (Canada).

Demand reduction measures have to be adapted to the prevailing national and local socio-economic and sociocultural conditions (Norway, WHO).

National focal points on drug demand reduction need to have adequate budgetary, personnel and other resources, clear delineation of functions and responsibilities, and appropriate authority to discharge those responsibilities (ESCAP).

F. Nature of demand reduction programmes (new heading)

Comments

Demand reduction policies and programmes should:

(a) Create an awareness of the risk of harm associated with drug use (Australia);

(b) Include steps to increase knowledge about risks of drug abuse and encourage healthy decision-making, as a first step towards changing attitudes and behaviours effectively (United Kingdom);

(c) Discourage the social acceptance of drug abuse (WHO);

(d) Promote alternatives to drug use to meet the needs served by drugs (Australia);

(e) Ensure a good quality of life which leads to personal development not only physically but psychologically, intellectually and spiritually (Mexico, Papua New Guinea, IFNGO);

(f) Give due recognition to the sociocultural features of the locations in which campaigns are conducted, ensuring shared responsibility of all sections of the community (Mexico);

(g) Take care to avoid sending inappropriate messages that are not based on scientific knowledge (Mexico);

(h) Build up individual and community qualities which reduce the needs which drug use may satisfy (Australia);

(i) Promote primary prevention, including a wide range of approaches and interventions (peer- and community-based education, mass media approaches etc.) with strong emphasis on community involvement (WHO);

(j) Be responsive to the complete range of needs of individual drug users and their families, and reduce transmission of the human immunodeficiency virus (WHO);

(k) Take account of the clinical variability of the individuals affected and, as far as possible, reduce relapse by case-monitoring and social reintegration (Mexico);

(l) Ensure non-discrimination against recovering addicts (ILO);

(m) Increase the value placed on health and the environment by individuals and the sense of responsibility of individuals for their own behaviour and welfare (Australia);

(n) Include preventive measures undertaken in the work place or related to leisure time or cultural activities (Norway);

(o) Recognize drug dependence as a health issue, treatment and rehabilitation being preferred to disciplinary action or incarceration (ILO);

(p) Be based on a comprehensive approach to all potentially harmful psychoactive substances including alcohol, tobacco and solvents, particularly in view of multiple substance abuse and the abuse of lawfully obtained but inappropriately used controlled substances (Norway, ICAA, WHO).

G. Targeting those in need

Key element 5. To identify those groups of people most in need of urgent interventions.

Comments

Localized and detailed drug abuse assessments are essential in order to ensure that programmes are relevant and attractive to target groups (WHO, ICAA).

The issue of targeting should reflect the fact that those in need will vary for primary, secondary and tertiary prevention (ICAA).

Demand reduction programmes must include specific campaigns aimed at the most vulnerable populations and individuals (Mexico).

Key element 6. To ensure that any intervention is tailored to the needs of the target group, ensuring that it is appropriate to the culture of the group, and matches the resources available.

Comments

While agreeing that interventions should be targeted as proposed, a statement concerning basic principles about respecting human rights and treating the target group with dignity and respect should be included (ICAA).

Demand reduction programmes should take into account:

(a) The specific cultural context of each country, region or area where it is to be implemented. In addition, programmes need to take into account culture and cultural sensitivities of the people and particular groups of people within that area (Australia);

(b) Communal and societal sensitivity, particularly readiness of the target group for the programmes being considered, the ability of service providers to deliver the necessary programmes and the existence of supportive bodies (Canada).

Programmes need to specify realistic objectives within a measurable time-frame and target clearly identified problems and groups (Australia).

H. Integration of programmes

Key element 7. To integrate different types of demand reduction programmes, such as education, treatment and community programmes, with each other as well as with general health issues.

Comments

After the words "general health", the words "and law enforcement" should be added (United Kingdom).

There is a need to address the potential benefits of integrating substance use policies and programmes at national, regional and local levels, taking into account the high prevalence of polydrug abuse among those who abuse substances (Canada).

An integrated policy is an essential tool for fostering health promotion, irrespective of the legal status of individual drugs. It is important that such policies not only emphasize the public health benefits of controlling psychoactive drugs, but also give due attention to the rights and responsibilities of individuals, in relation to their lifestyles and health (WHO).

Development of treatment services for drug-related problems should be integrated with primary and general health services and mental health services. Many activities are best carried out in a primary care setting (Australia, WHO).

Key element 8. To incorporate the issue of the reduction of illicit demand for drugs into other programmes undertaken in a broader socio-economic context.

Comments

Drug-abuse-related programmes should be integrated with programmes dealing with major issues of a social nature such as poverty, housing, unemployment and rural and urban development (Norway).

I. Implementation of programmes (new heading)

Comments

Partnerships between individuals, families, communities, non-governmental organizations and donors must be forged, and community actions should be recognized and encouraged (Bangladesh, Canada).

The importance of the community in implementing primary prevention activities at various levels should not be neglected (UNICRI).

Use should be made of the latest technology such as satellite communication to deliver drug prevention messages to the maximum number of people (OOSA).

J. Evaluation of programmes

Key element 9. To evaluate the process of implementation and outcome of interventions and to use the results of that evaluation to develop future programmes and policies.

Comments

Programme evaluation is important because it can lead to further development and refinement of programmes as well as serve as a base on which to promote similar programmes elsewhere. If it is shown that programmes are not working, then action should be taken either to terminate or redesign the programme. It also is possible to ascertain whether there were any negative effects of the programme, that is, is it causing unintended harm? Programmes need to be reassessed periodically, taking into account changing attitudes and conditions (Australia).

The evaluation of approaches and interventions, their design, mechanism and impact, needs to be ongoing (Mexico, WHO).

Evaluation is important, but this needs to be appropriate and relevant and should be disseminated to a wider audience, and the results should be published in a usable form so that information and knowledge is transferable. It must also be relevant to the size, goals and operator capacity of the project (ICAA).

The development of policies and programmes and their implementation should be based on and supported by research and a comprehensive evaluation process (Canada).

K. Training

Key element 10. To incorporate a drug dimension in vocational and professional training for all those whose work may bring them into contact with drug abusers.

Comments

The need to develop good training manuals could be emphasized. UNDCP could perform a credible service in drawing together experts from different regions to put together training manuals. Although materials from one region or even one country cannot simply be adopted by another, still there are aspects that are common to all mankind in both education and counselling (Papua New Guinea).

Evaluation techniques should be incorporated into training activities on the prevention of drug-related problems in order to enhance the cost-effectiveness. The education of health-care professionals as well as health managers, administrators and policy makers is crucial to the development and implementation of comprehensive preventive and treatment policies and the provision of resources (WHO).

There must be programmes to train specialized human resources in order to guarantee the proper transmission of prevention messages and the identification and appropriate treatment of cases (Mexico).

While recognizing the need for a drug dimension in vocational and professional training, there is also a need for skills training for specialist demand reduction staff. There is a need to incorporate social development skills in the training of such staff, and the training needs of community and voluntary groups, many of whom are involved or might be involved in aspects of drug demand reduction, should not be overlooked (ICAA).

L. International cooperation (new heading)

Comments

Subregional linkages among the national focal points with a view to collaboration between countries with common problems and experiences in drug demand reduction should be established and regional cooperation strengthened, emphasizing consultation and a participatory approach, for the promotion of drug demand education activities (Canada, ESCAP).

National and international efforts to address illicit drug use and illicit trafficking should make the fullest possible use of the experience, expertise, technologies and accomplishments of other countries and agencies, sharing the foregoing by whatever means are appropriate, affordable and effective (Canada).

M. Roles of international organizations

Key element 11. To identify the mandate of UNDCP and other United Nations entities and the role of the non-governmental organizations.

Comments

UNDCP should:

(a) Provide assistance for the planning of projects, taking into account the specific cultural context in which the project will operate, and assist countries in assessing the nature and extent of drug abuse;

(b) Assist countries in developing strategies to address the problems identified, and in the prioritizing of strategies;

(c) Provide information on demand reduction activities, successful and otherwise, in other countries;

(d) Provide examples of resources available and provide assistance in the adaptation of resources to suit particular circumstances and cultures;

(e) Provide, as resources allow, financial assistance to projects, as well as training;

(f) Coordinate activities of all United Nations agencies in the demand reduction field;

(g) Ensure that efforts are complementary and maximize the use of resources;

(h) Encourage other United Nations agencies to include drug demand reduction elements within their programmes and strategies;

(i) Promote awareness of the range of activities possible within the context of demand reduction and encourage innovative research in the drug area (Australia).

UNDCP should be very selective in undertaking demand reduction programmes and projects to be executed by itself, and should rather work through other organizations in the system (Norway).

UNDCP should serve as a centre for information, research and exchange of information, with reference to successful demand reduction strategies and programmes (Mexico).

The involvement of non-governmental and community organizations, the integration of the various aspects of demand reduction, the development of inter-country strategies at the subregional and regional levels and the close cooperation of intergovernmental organizations to increase the efficiency of drug demand reduction and to avoid unnecessary duplication are paramount (ESCAP, WHO).

A central role should be given to the work of the Administrative Committee on Coordination and its Subcommittee on Drug Control. It would also be appropriate to involve non-governmental organizations, possibly through the New York NGO Committee on Narcotics and Substance Abuse and the Vienna NGO Committee on Narcotic Drugs, as observers at the meetings of the Subcommittee. It is also important for the various United Nations organizations to have practical agreements on working together where mandates overlap. Clear principles for collaborative working are, therefore, as important as formal mandates. With regard to non-governmental organizations, there is a need to give them a position within the process of developing demand reduction activities, as well as within the delivery of services. Demand reduction is dependent on community involvement and support, and non-governmental organizations provide a route to this. Their role should, therefore, be at both development and delivery levels (ICAA).

There needs to be effective communication and coordination between international bodies, not only United Nations bodies, such as WHO, and non-governmental organizations, but also the European Union, the Council of Europe and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). EMCDDA has suggested a programme to identify and evaluate information collection by international bodies and is also working to develop a multilingual thesaurus (United Kingdom).

Notes

[*]WHO Expert Committee on Drug Dependence, *Twenty-eighth Report*, WHO Technical Report Series No. 836 (Geneva, World Health Organization, 1993).

UNITED
NATIONS

E

Economic and Social
Council

Distr.
GENERAL

E/CN.7/1996/5
22 March 1996

ORIGINAL: ENGLISH

COMMISSION ON NARCOTIC DRUGS
Thirty-ninth session
Vienna, 16-25 April 1996
Item 4 of the provisional agenda*

PRINCIPLES AND PRACTICE OF PRIMARY AND SECONDARY PREVENTION IN DEMAND REDUCTION PROGRAMMES

World drug abuse situation

Report of the Secretariat

Summary

Data on drug abuse are derived from many different bases, which makes direct comparison difficult. Some Governments base the annual number of abusers on treatment figures; others base it on arrest data. Even the treatment data are collected in different ways. These difficulties, together with ways in which data may be collected to broadly assess the extent of drug abuse and its patterns and trends, are discussed in the present report. One main trend is that drug abuse is continuing to increase; even in the few instances where a decrease has been reported, there is usually a commensurate rise in the abuse of another drug used as a substitute because its price is lower or because the drug of choice is not available. Opiate abuse has continued to spread in Asia, is a problem in southern Africa and Europe and appears to be gaining ground in many different countries. Cocaine abuse continues to be a problem in countries in the Americas and in some European countries, but there are some reports of a decrease in the extent of cocaine abuse. The amphetamines seem, in some cases, to be replacing cocaine as drugs of abuse and are still the predominant drugs of abuse in northern Europe and parts of east Asia. There has also been a general rise in tranquillizer abuse. Cannabis is one drug that is abused virtually throughout the world. Patterns of abuse show that the practice of abusing drugs by injection has continued to spread, together with human immunodeficiency virus infection.

*E/CN.7/1996/1.

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INTRODUCTION

1. The present report is based on data contained in government reports on the functioning of the international drug control treaties; the reports were submitted to the Secretary-General for 1994.

I. PROBLEMS IN ESTIMATING THE EXTENT, PATTERNS AND TRENDS OF DRUG ABUSE

2. It is difficult to estimate the extent of any criminal activity that, by its very nature, is not a public activity. In trying to estimate a criminal activity in which there is no direct victim to report the crime, as is the case with drug abuse, the difficulties are multiplied. Different countries have adopted different approaches in attempting to solve this problem, each with its merits and its drawbacks. Some Governments keep registries on those who, voluntarily or not, come into contact with the authorities. Those registries usually are derived from one of two sources: health service figures on treatment episodes or police figures on arrests for drug-related offences.

3. Estimates of the number of annual drug abusers are based on figures for persons who have sought treatment for their drug dependence in facilities ranging from government-run clinics to private hospitals and centres run by non-governmental organizations. Some Governments only include in their estimates patients who have turned to State-run treatment centres; other Governments' estimates are based on figures for persons

attending a sample of State-run hospitals. There is also considerable variation as to which drugs of abuse are included in the returns. Some countries exclude figures for cannabis abuse, others only give estimates of the abuse of opiates and cocaine and still others send figures for a whole range of controlled substances, as well as for many that are not under international control, such as khat (*Catha edulis*) and alcohol.

4. Alternatively, many Governments estimate the number of drug abusers based upon the number arrested during the course of a year. Sometimes only the number arrested for possession of illicit drugs are used; sometimes that number is added to the number convicted for drug trafficking. There is also variation among countries that base their estimations on such methods, because some give figures for drugs under international control while others exclude cannabis. With either method of estimation, if the absolute figures are given as the number of abusers during the year with no extrapolation, then there will be a gross underrepresentation of the number who actually abuse drugs in one year. There is a clear tendency for many countries to put absolute treatment or arrest figures and not to extrapolate those figures to estimate the number of drug abusers in the population. As can be seen from the table, only a few countries estimate the actual number of abusers of different drugs in a given year. This has the effect of making the drug abuse problem appear to be less of a problem than it really is. Only one half of those Governments replying to the annual reports questionnaire, however, have a registry of drug abusers. Apart from the varied bases for those registries, the length of time that a drug abuser remains in them varies from six weeks to indefinitely. Of the 40 countries that have a registry, 9 retain the names forever, 5 retain them for five years and the remaining 26 retain them for less than five years.

5. Another method of assessment is to carry out some form of survey and then to extrapolate the results to the rest of the population. This is the most costly and time-consuming method. It is also the most inefficient if the data are not combined with some other data collected from the same population. Problems arise in attempting to assess any behaviour that is not frequent in a population; for example, 999 people may have to be interviewed to find a single drug abuser. All national surveys tend to severely underestimate the number of drug abusers because of the circumstances in which the interviews take place and because many drug abusers do not live in a place where they are recorded in some national register, such as an electoral register. Few Governments are able to undertake such surveys on a regular basis because they are so costly and would be neither possible nor appropriate in many countries.

6. One alternative is to take smaller, more closely targeted samples, which may be restricted to one locality or one class of people, such as schoolchildren. The advantage of the small area study is that it can give a good idea of what is happening locally, but usually there is no basis for assuming that those patterns are followed on a national basis. Moreover, such studies may be impossible to conduct because of endemic violence in the area, such as that often associated with slums and shanty towns. Similarly, studies of schoolchildren might give an idea of the extent of drug abuse among, say, persons 14-16 years old, but cannot tell what is happening in the rest of the population. In countries where persons who finish their schooling are considerably younger than 16, however, the youth population is often difficult to reach.

7. A third method is to use what in social science is called the triangulation of data, combined with several small studies. Data from as many sources already existing is collected and compared, such as treatment data, arrest data and seizure data. The opinions of those who might be directly in touch with drug takers, such as schoolteachers, social workers, the police or clergy, are sought. Small-scale studies can then be undertaken in specific areas and all the data from the various sources can be compared to see if a coherent pattern emerges. This is the methodology of rapid assessment that the United Nations International Drug Control Programme (UNDCP) is promoting, particularly in developing countries where it is believed that there is a drug abuse problem. It is often possible to assess the approximate scale of a problem but virtually impossible to know its exact extent. The most important information relates to "who", "what", "how" and "where". Information relating to "why" should be sought, but successful interventions often depend on speed of response and do not always rely on a detailed answer to that question. It is important to know who is abusing drugs, that is, which section of the community (e.g. schoolchildren, out-of-school youth, truck

Extrapolated national estimates of the number of abusers of selected drugs per 100,000 inhabitants, selected countries, 1994

Country	*Opiate-type drugs*	*Cocaine-type drugs*	*Cannabis-type drugs*	*Hallucinogens*	*Amphetamine-type drugs*	*Sedative-type drugs*	*Volatile solvents*
Africa							
Mauritius	296	..	341	..	..	..	..
Namibia	..	..	1 369	..	..	1 095	102
South Africa	..	..	131	<1	..	2	3
Americas							
Bolivia	30	197	..	75	..	1 796	2 694
Mexico	14	63	270	16	13	70	9
United States of America	1 866	2 141	7 195	926	920	613	810
Asia and the Pacific							
Australia	..	100	1 300	100	200	1 100	100
Papua New Guinea	..	8	24 222	..	..	24 222	9
Europe							
Czech Republic	29	38	1 491	232	106	..	135
Germany	56	111	1 231	32	123	..	..
Italy	325	6	..	13	..	2	..
Netherlands	150	..	3 761	..	..	1 962	..
Portugal	608	50	1 014	..	..	152	..
Sweden	86	9	128	4	158	86	2
Switzerland	..	..	2 450	..	..	..	..

Source: United Nations International Drug Control Programme.

drivers); which drugs are being abused (e.g. "ecstasy", heroin, cannabis, cocaine); how they are being abused (e.g. by smoking or injecting); and where (e.g. in school, out of school, in clubs, at work).

8. An important indicator of trends in serious drug abuse is the number of persons treated for drug abuse, particularly the number being treated for the first time. If the number coming forward for treatment for the first time is a small proportion of the total number being treated, then this would indicate that the situation, particularly regarding opiates, is stable or decreasing. If, however, the number is in excess or a large proportion of the total number, then the situation is worsening. Unfortunately few countries reported such information.

9. The present report can only indicate broad trends in the drug abuse situation. Because of the increasing role played by intravenous drug abuse as a vector for the spread of human immunodeficiency virus (HIV) infection in many countries, some Governments report on such abuse. The number of drug-related deaths, the proportion of people in prison for drug-related offences, and the extent of drug abuse in prison are also given as indicators of some of the costs and consequences of drug abuse.

II. DRUG ABUSE IN THE WORLD

10. While the pattern of drug abuse is changing in different parts of the world, there seems to be no evidence of any overall decrease. In fact there appears to be a net increase. This is not always reflected in the statistics provided by Governments but is seen in the qualitative assessment of the situation in the reports of trends in drug abuse.

11. The apparent discrepancy between the government reports of an increase in the abuse of a particular drug and the figures provided by them can be accounted for by the tendency, described in paragraph 3 above, for some Governments to provide treatment figures or even partial treatment figures for the estimated number of annual abusers. There may be a significant increase in the abuse of a drug without that being immediately reflected in the treatment figures. Certainly regarding cannabis, as well as many of the amphetamine-type drugs such as methylenedioxymethamphetamine (MDMA), there may be an increase in abuse without it ever being reflected in the treatment statistics. In the case of both these drugs, even if the drug is known to be widely abused (through research findings, press reports and political statements), its abuse may not be reported in the annual reports questionnaire. This therefore raises the question of the measurement of the seriousness of a drug problem, whether it is measured by the absolute number of people abusing the drug or the potency and danger of the drug. In the present report the patterns and trends relating to drugs with a dependency potential have been given emphasis.

12. Apart from the increasing amount of drug abuse, another generalization that can be made is of the near universality of cannabis abuse. In different parts of the world various other drugs tend to be abused, but the abuse of cannabis is almost universal. In North America the other main drugs of abuse are cocaine and heroin and perhaps amphetamines and hallucinogens; in Latin America the other main drugs of abuse are cocaine, tranquillizers and now heroin. Northern Africa does not appear to have other significant drug problems, but tranquillizer abuse is reported in western Africa, methaqualone abuse in eastern Africa and heroin, methaqualone and dipipanone abuse in southern Africa. In Asia the pattern of abuse is diverse, but opiate and sedative abuse appears to be spreading, except in Japan, Micronesia (Federated States of) and the Philippines, where amphetamines are abused. In Australia both amphetamines and heroin are abused. Tranquillizer abuse has increased in certain countries and buprenorphine abuse has become a problem in India. In Europe, the patterns are again diverse: in northern Europe the abuse problem predominantly involves amphetamine; in central Europe, locally made poppy concoctions and heroin are widely abused, as well as methcathinone (ephedrone) made from locally grown ephedra plants. Elsewhere the patterns vary but many drugs are abused and there is a greater tendency towards polydrug abuse. Heroin, tranquillizers,

cocaine, amphetamine, MDMA ("ecstasy") and hallucinogens are all reported to be abused but in varying degrees in different countries.

13. Many countries in various parts of the world have reported a strong trend towards polydrug abuse, so that either "cocktails" of drugs are taken simultaneously to enhance the effects of each drug or the drugs are taken sequentially to reduce to a minimum the adverse effects of the first drug taken.

14. The re-emergence of "designer drugs", powerful stimulants and hallucinogenics is evident in countries in North America, some countries in Europe and Australia.

15. The relentless spread of intravenous drug abuse is illustrated in the map. In some countries such abuse constitutes a serious problem and is becoming a major vector for the spread of HIV. Other countries have reported that while there is intravenous drug abuse it occurs only among a few people and does not yet pose a serious health problem. Two countries have reported that, because the purity of heroin has increased, many new heroin abusers smoke rather than inject the drug.

III. REVIEW OF DRUG ABUSE: EXTENT, PATTERNS AND TRENDS, BY REGION

A. Africa

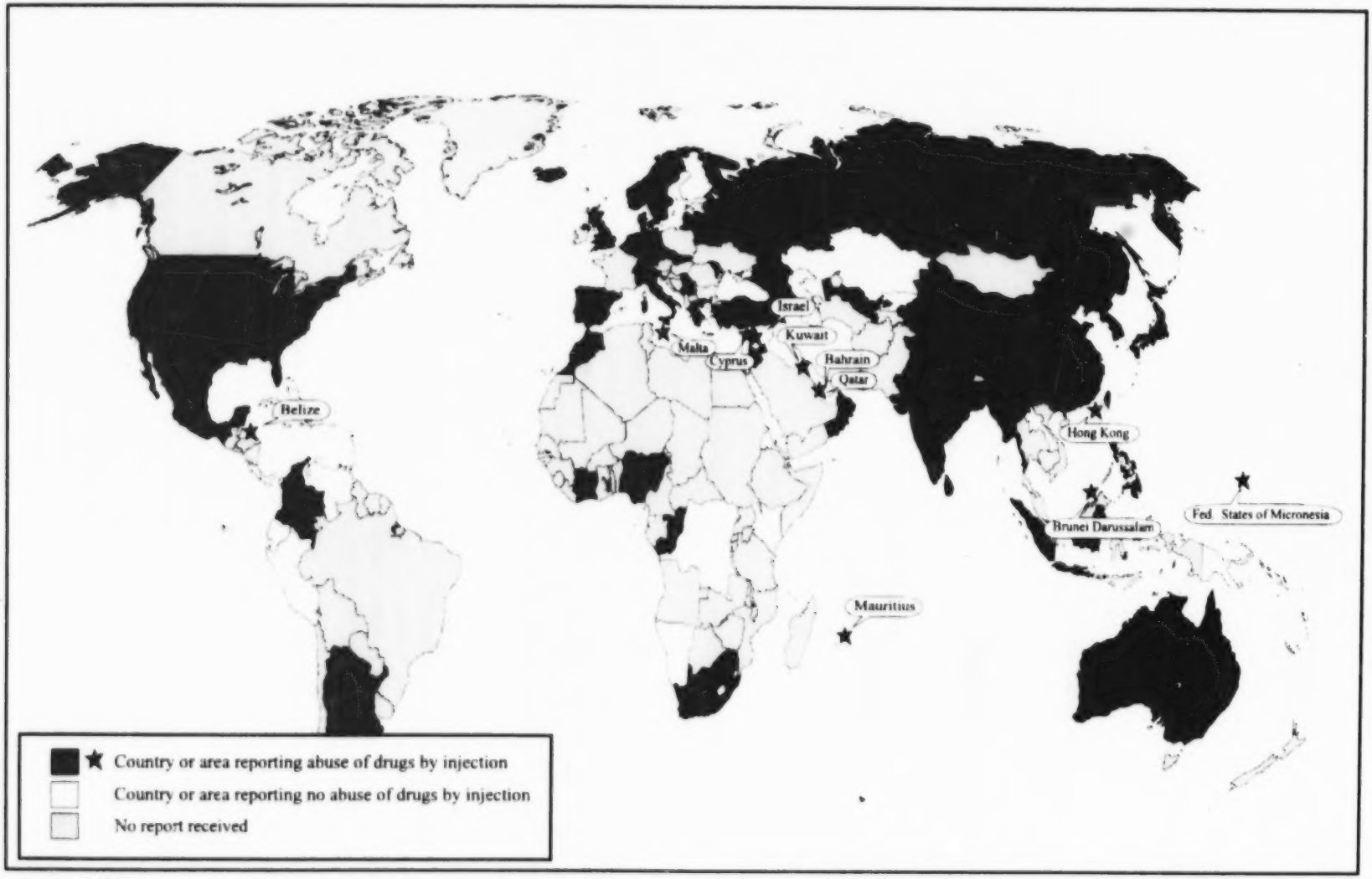
16. The most frequently abused drug in Africa is cannabis. Seven of the 12 reporting countries in that region (see figure I) have indicated that cannabis abuse is increasing; sometimes, as in the Congo, it has been attributed to a sharp rise in cannabis cultivation. In many countries, such as Namibia and South Africa, cannabis abuse is spreading to rural areas. Other countries have reported that the level of cannabis abuse is stable. Benzodiazepine abuse is also increasing in Côte d'Ivoire, Kenya and Nigeria. In most African countries there have been so far only sporadic reports on the abuse of heroin; the exceptions are Mauritius, Namibia and South Africa, where such abuse constitutes a serious problem. A large increase in the abuse of both heroin and cocaine has been reported in South Africa. Methaqualone abuse is a growing problem in Namibia and South Africa and is on the decline in Kenya. In some parts of South Africa cannabis is smoked with methaqualone, locally known as a "white pipe". Dipipanone is also widely abused in South Africa. Nigeria is the only other African country to report an increase in cocaine abuse. In Kenya there is growing misuse of khat (not a controlled drug), often in combination with diazepam, particularly among young drop-outs. The abuse of volatile solvents is a rising problem in Kenya, Lesotho and Namibia. Lesotho has reported that the number of abusers of volatile solvents and cannabis is escalating at the same time that, according to figures from community treatment clinics, the age of abuse is dramatically falling. An increase in multiple drug abuse has been noted by Morocco and South Africa.

17. In eight African countries there have been reports that drugs are being abused by injection but, with the exception of the countries in southern Africa, this is not an extensive practice. There is a high prevalence of HIV in Africa; any spread of the practice of abusing drugs by injection will exacerbate the situation.

18. Equatorial Guinea and Eritrea have reported no significant drug abuse problem.

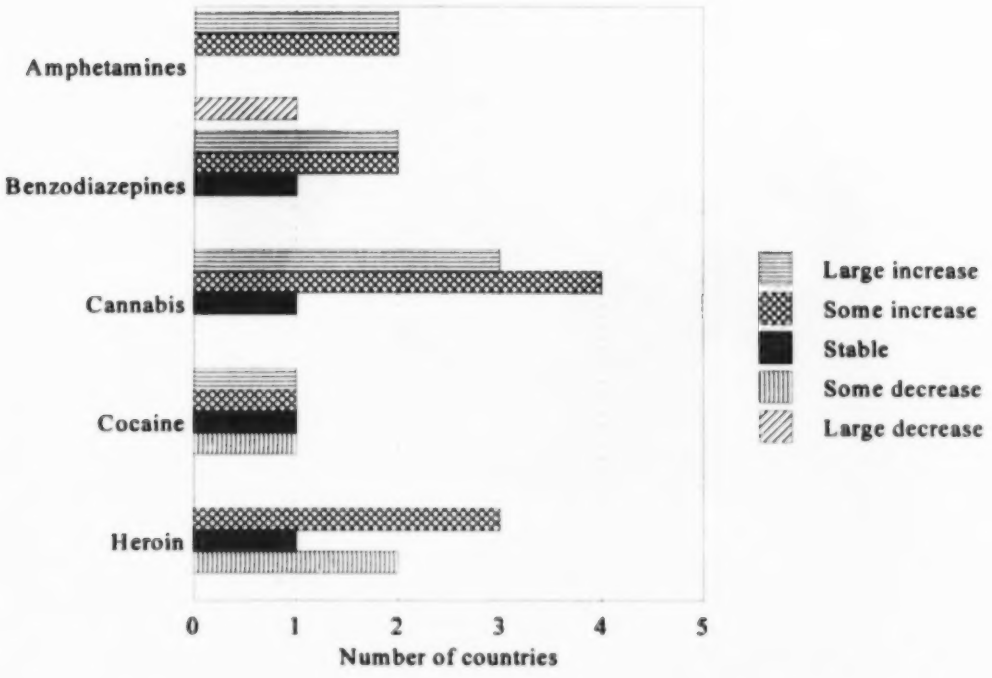
19. The main reasons put forward for drug abuse, particularly for an increase in such abuse, relate mainly to poverty, poor economic conditions, an increase in migration from rural to urban areas, with its attendant social changes, and other social factors such as unemployment and a decline in the role of the family. Increased availability of drugs has been cited by many countries as a factor contributing to increased drug abuse. Increased availability of cannabis usually occurs because of an increase in local cannabis cultivation, but for all other drugs increased availability is the result of an increase in trafficking. Several countries have reported that trading in illicit drugs is seen as a way of making easy money, regardless of whether the drugs are obtained from traffickers or directly from illicit cultivation.

Prevalence of intravenous drug abuse, 1994



Source: UNDCP
Note: The boundaries shown on this map do not imply official endorsement or acceptance by the UN

Figure I. Africa: drug abuse trends, 1994



Note: Based on reports submitted by 12 countries in Africa.

20. In Kenya and Nigeria there has been an increase in violence among young people who abuse drugs. In Nigeria there has been an increase in the number of groups of delinquent youths who habitually abuse drugs such as heroin, cocaine and cannabis and who threaten people with violence in order to extort money from them. In Kenya there has been an increase in the number of street children and school drop-outs, which has also led to an increase in the abuse of volatile solvents, cannabis and benzodiazepines.

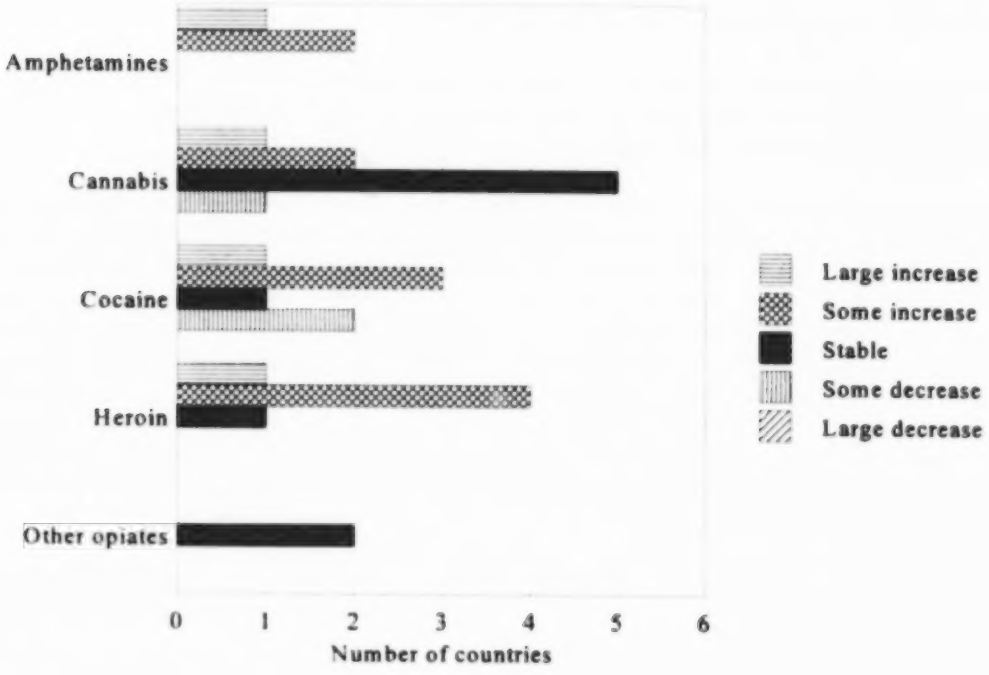
B. Americas

21. Although cannabis remains the most widely abused drug in the Americas, cocaine and crack are both still widely abused, as are volatile solvents. The abuse of heroin, cocaine and cannabis is either stable or increasing, in some countries rather rapidly. Only Grenada has reported a decrease in the abuse of both cocaine and cannabis; in Belize there has also been a decrease in cocaine abuse (see figure II).

22. In the United States of America, although drug abuse appears to be stable among adults, school surveys reveal that there has been a large increase in the abuse of cannabis, with increases also in the abuse of heroin, amphetamines, hallucinogens, sedative-type drugs, cocaine, barbiturates and volatile solvents. Overall abuse of cocaine in the form of crack seems to be declining. Heroin abuse seems to be re-emerging but, because of its high purity, is often smoked rather than injected. Methamphetamine abuse seems to be spreading on the west coast of the country. While flunitrazepam is not yet a major problem, it appears that, along the border between Mexico and the United States (more specifically, the State of Texas), it is being increasingly abused, sometimes to counteract the after-effects of crack abuse, at other times to enhance the effect of heroin and at still other times on its own or with alcohol at dance clubs. There is a growing abuse of drugs such as ketamine, phencyclidine (PCP), MDMA and sodium oxybate (*gamma*-hydroxybutyrate (GHB)). In terms of absolute figures and in terms of the number of drug abusers per 100,000 inhabitants the United States has

the largest number of drug abusers (see the table). It is also one of the few countries that tries to give an annual estimate of the number of abusers of a wide range of drugs.

Figure II. Americas: drug abuse trends, 1994



Note: Based on reports submitted by 14 countries in the Americas.

23. In Mexico volatile solvents are the most frequently abused drugs, but heroin and cocaine abuse has also increased. This is partly because of greater availability of these drugs and, particularly in the case of cocaine, because the cost of the drug has considerably decreased. In Costa Rica, there has been a large increase in the abuse of heroin and crack; cocaine and cannabis abuse has also been increasing.

24. A large increase in the abuse of amphetamine-type drugs and cocaine has been reported in Panama. The Dominican Republic is also experiencing a rise in amphetamine abuse. In Belize the abuse of benzodiazepines, particularly diazepam, is increasing. In Belize and Venezuela, cannabis is the most abused drug, followed by cocaine. In Venezuela there is also a drug problem associated with the abuse of coca paste and, as in Belize, tranquillizers. A similar pattern of cannabis and cocaine abuse is evident in Grenada. In Saint Lucia, cocaine and sedatives, followed by hallucinogens, are the most abused drugs.

25. In Argentina, Bolivia, Colombia and Ecuador, there has been a rise in heroin abuse, but the main drugs of abuse are still cannabis and cocaine. In both Argentina and Colombia there has also been a rise in the abuse of tranquillizers; in Colombia the rise in such abuse is particularly evident among women over 25 years of age. Argentina has reported that the age of first abuse is falling and that there has been an increase in polydrug addiction.

C. Asia and the Pacific

26. Drug abuse extent, patterns and trends in Asia and the Pacific vary enormously not only from one subregion to another, but also sometimes from one country to another within the same subregion, in terms of the drugs abused and the extent of abuse. The exception is the abuse of cannabis, which has been reported by almost every country to be the main drug abused. If there has been a decrease in the abuse of one drug, it has been more than compensated for by the abuse of other drugs.

27. In Kazakstan and Kyrgyzstan the patterns of abuse resemble those in countries in central and eastern Europe in that cannabis is the main drug of abuse, followed by poppy preparations. The abuse of methcathinone (ephedrone) has also been reported.

28. Bangladesh, India and Nepal have converging patterns of abuse. In all three countries cannabis is extensively abused, followed by heroin in Nepal and India, and opiates in Bangladesh, where there has been a large increase in abuse. This has been attributed to greater availability due to increased trafficking and spillage. India has reported a large increase in the abuse of buprenorphine, which is easily obtainable over the counter in pharmacies and is cheaper than heroin. A similar but less pronounced pattern has been seen in Nepal, where, as in Bangladesh, the abuse of cough medicines is a significant and growing problem. Bangladesh and Nepal have also reported a growing problem associated with the abuse of benzodiazepines. In Bangladesh there is also a problem with synthetic narcotics. In Bangladesh and India the age of the abuser is falling and Bangladesh has reported that there is now drug abuse in schools. Although the level of drug abuse is low in Brunei Darussalam there has been an increase in the abuse of cough medicines containing codeine and in the abuse of benzodiazepines.

29. In India drug abusers are predominantly male (97 per cent) and drug abuse is especially frequent among those who are illiterate or who have a low level of education, for example, among labourers, transport workers, agricultural workers, ragpickers and the unemployed.

30. Figure III shows drug abuse trends in Asia and the Pacific in 1994. The abuse of cannabis and heroin is stable in Singapore but increasing in Sri Lanka. Indonesia has reported a large increase in heroin abuse but a large decrease in the abuse of synthetic narcotic analgesics. In Indonesia, there appears to be much diversion of nitrazepam, flunitrazepam and diazepam from the licit market. Amphetamines are also abused in that country, particularly by females, who account for 60 per cent of such abusers.

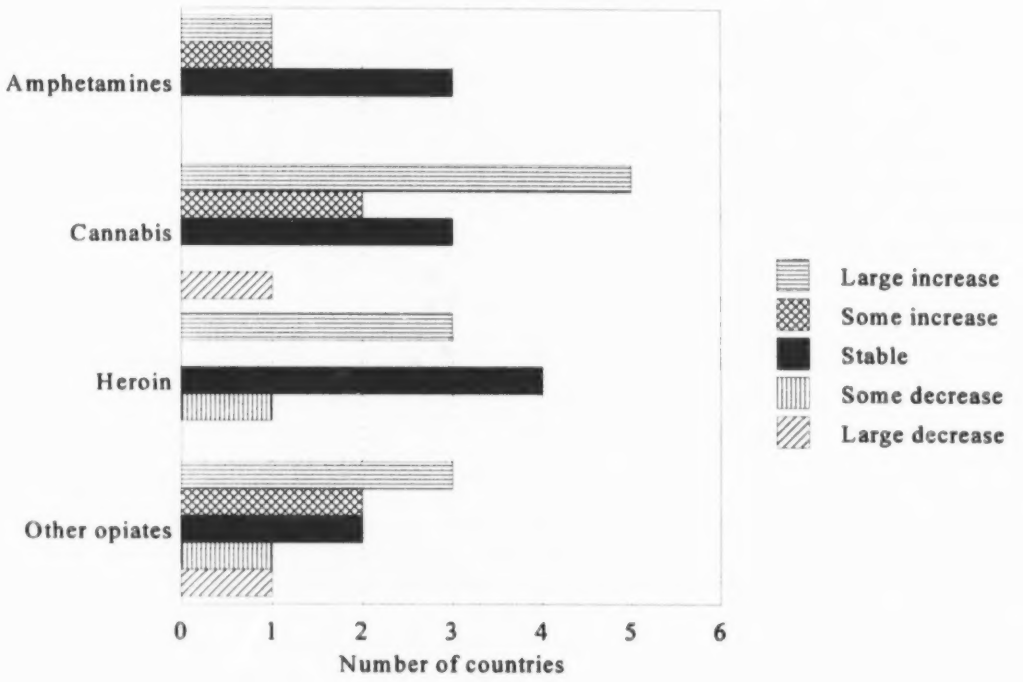
31. Because of its location on a new trafficking route, Maldives has experienced a large increase in the abuse of heroin, cannabis and sedatives. The demand for drugs in that country has increased rapidly in the past five years, especially in the past year. The increased demand is mainly the result of an increase in the number of drug abusers and in the amount that they abuse. The reason given for the increase in drug abuse is that there have been changes in attitudes among teenagers (such abuse typically occurs among persons aged 15-25), their lifestyle rapidly shifting towards a more western style under the influence of satellite television.

32. In Hong Kong, the Lao People's Democratic Republic and Myanmar, the main drug of abuse is opium or heroin or both. There has been a distinct shift in the pattern of abuse, from smoking opium to injecting heroin; that shift has been particularly noticeable in Myanmar. Hong Kong has experienced a large increase in the abuse of heroin, morphine and methadone, but a decrease in the abuse of opium. The abuse of cannabis has increased by 50 per cent, amphetamine abuse has increased by 75 per cent and the abuse of benzodiazepines has increased dramatically, by some 86 per cent.

33. Amphetamines and cannabis are the main drugs of abuse in Japan, Micronesia (Federated States of) and the Philippines; in the Philippines, methamphetamine is the main amphetamine abused. All of those countries have reported an increase in amphetamine abuse. The Federated States of Micronesia is the only one of those

countries that has reported a decrease in cannabis abuse; the other countries have reported an increase in such abuse.

Figure III. Asia and the Pacific: drug abuse trends, 1994



Note: Based on reports submitted by 20 countries in Asia and the Pacific.

34. Fiji, Papua New Guinea and Vanuatu have reported that cannabis is the main drug of abuse. Papua New Guinea has a particularly extensive problem with the abuse of both cannabis (over 1 million abusers) and diazepam (almost 1 million abusers), although the abuse of volatile solvents is also a problem that is increasing at an alarming rate.

35. The patterns of abuse in Australia do not follow those in other parts of Asia and the Pacific. Patterns in the abuse of "designer drugs" in that country are similar to those emerging in western Europe. Cannabis remains the most widely abused illicit drug in Australia. Surveys have shown that about one third of the population have abused it, and approximately 7 per cent of women and 15 per cent of men abuse it on a weekly basis. Cocaine abuse is low. The ready availability of amphetamine and its lower price has made it the drug of choice among abusers of stimulants and it remains the second most popular drug of abuse. The abuse of lysergic acid diethylamide (LSD) occurs in a relatively small and stable abuser group of young adults who frequent "rave" parties. There were a number of new developments in 1994, mainly associated with the introduction of drugs such as the hallucinogen brolamphetamine (DOB, also called Nexus), a hallucinogen. PMA, another newly introduced drug, was responsible for two deaths. Another drug is similar in its effects to MDMA and derived from the Chinese ephedra plant Ma Huang; the tablets contain ephedrine (6 per cent) and pseudoephedrine (1 per cent). Ketamine has also made an appearance, mainly as a cutting agent; the abuse of this drug had previously been reported only in Latin America. The manufacture of GHB has recently been discovered; its manufacturers have targeted the body-building market, although it is also added to other drugs, particularly amphetamine.

D. Europe

36. In Finland, Iceland, Norway and Sweden the abuse of amphetamines constituted for many years the main drug problem, followed by the abuse of cannabis. An increase, however, in the abuse of both heroin and amphetamines has been reported, together with a rise in the total number and proportion of persons who abuse drugs intravenously. For example, Iceland has reported that all types of drug are available at Reykjavik; however, in the rural areas only cannabis and amphetamine are available. The Government is alarmed by the fact that heroin and amphetamine are being injected and that MDMA has gained in popularity among young people. Norway has experienced an increase in heroin and amphetamine seizures, which supports reports that, because of the low price of heroin, persons who have previously abused other substances are abusing heroin. An increase in the abuse of LSD and "ecstasy" has also been noted in that country. Amphetamine seizures surpassed cannabis seizures in Norway in 1994. Finland has reported a small drug problem, amphetamine abuse again being the cause for most concern. Sweden has reported that the drug abuse situation in that country has not changed since 1992.

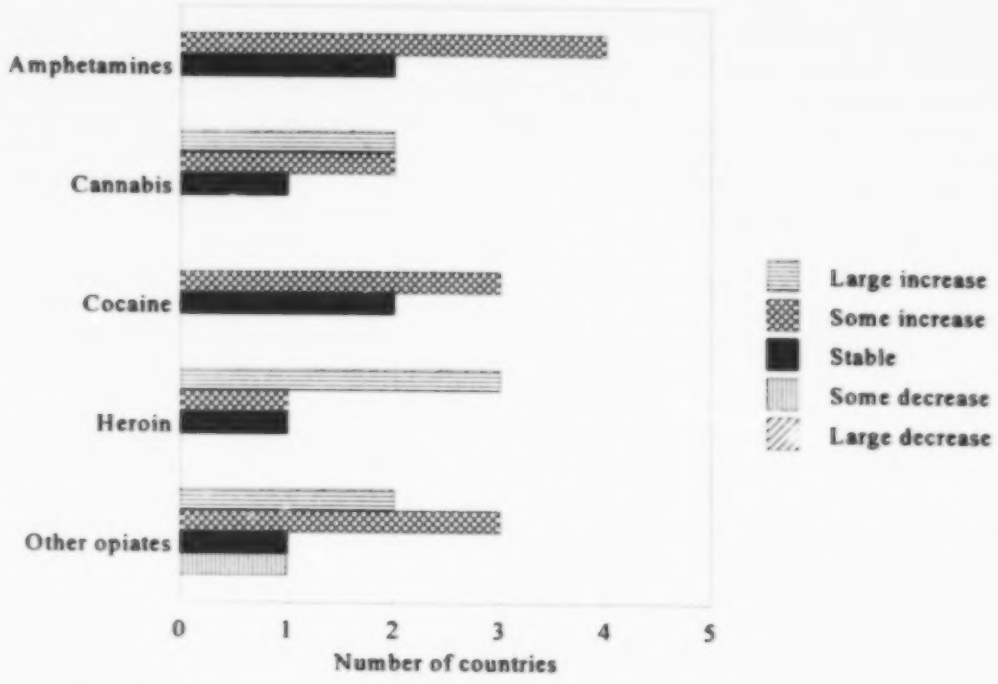
37. The patterns of drug abuse in Belarus, Latvia, Lithuania, Republic of Moldova and Russian Federation are all similar. The abuse of opium, heroin, cannabis and methcathinone is increasing. All those countries have reported that heroin, opium, ephedrine and methcathinone are being derived from locally grown plants and that heroin and opium are being abused intravenously. In many countries, cannabis also grows wild. The difficult socio-economic situation and the rise in unemployment have been cited by several countries as reasons for the increase. An increase in drug trafficking has also contributed to the problem.

38. The Czech Republic has reported that the most abused drugs in that country are cannabis, hallucinogens and methamphetamine, followed by heroin. There has been a large increase in the abuse of all those drugs, as well as in the abuse of volatile solvents. Flunitrazipam is abused in combination with other drugs. The increase in heroin abuse is attributed to a decrease in the street price and an increase in the activities of drug traffickers, resulting in domestically manufactured heroin being in competition with heroin imported by the traffickers. The increase in methamphetamine abuse is the result of an increase in illicit domestic manufacture and the availability of ephedrine from licit manufacture (see figure IV).

39. A somewhat different pattern of drug abuse can be seen in Austria, Slovakia and Switzerland. Austria and Slovakia are experiencing a large increase in the abuse of heroin. The abuse of morphine, methamphetamine and amphetamine has also been reported by Slovakia. The increase in heroin abuse in Slovakia began after 1990. While it had previously been confined to Bratislava, such abuse now takes place in rural areas of Slovakia as well. Switzerland has seen an increase in cocaine abuse and multiple drug abuse.

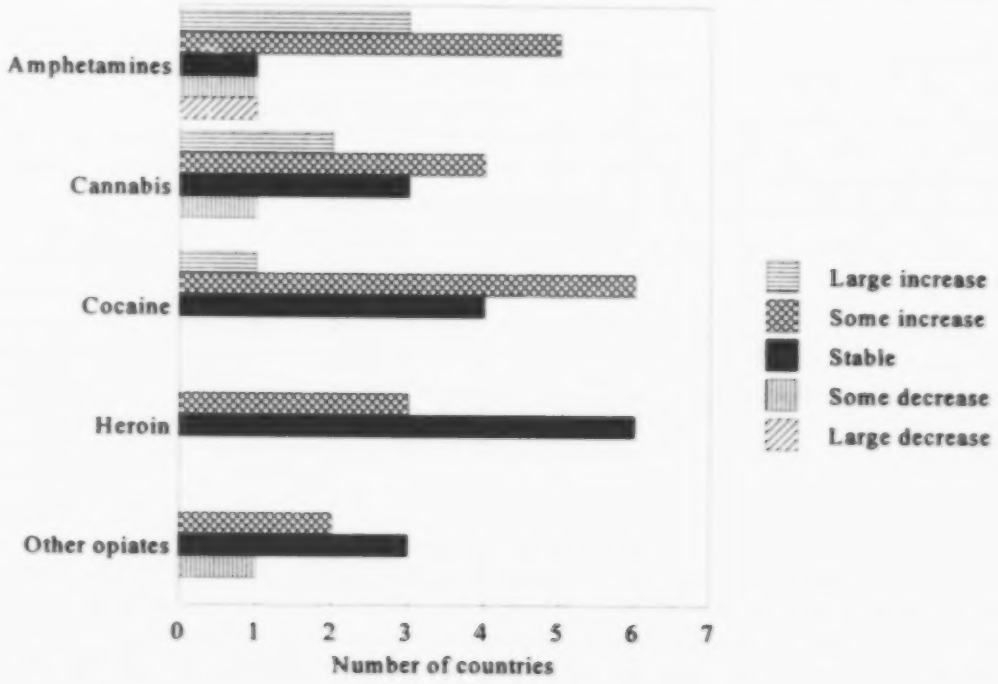
40. Several countries in western Europe have reported that they are experiencing an increase in cocaine, amphetamine and MDMA ("ecstasy") abuse but that opiate abuse is stable (see figure V). One half of the remaining reporting countries in western Europe have reported an increase in the abuse of cocaine only. Germany, Italy, Liechtenstein, Luxembourg, San Marino and United Kingdom of Great Britain and Northern Ireland have reported that crack abuse has spread to parts of those countries where such abuse had not occurred previously. Germany, Greece and the Netherlands have reported increases in the abuse of amphetamines. A sharp rise in the abuse of "ecstasy" has been reported by Luxembourg, Monaco, San Marino and Spain. The United Kingdom has reported the appearance of GHB and other drugs such as phenylamines. Several powerful hallucinogenics such as DOB (also called Nexus) have recently made an appearance in the United Kingdom but are not yet widely abused. A rise in the abuse of hallucinogens has been reported by Germany and Spain. Cannabis abuse is increasing in Germany, Greece, the Netherlands and the United Kingdom. One significant trend reported by Yugoslavia is polydrug abuse. There has been an increase in the abuse of virtually all the drugs that are abused in that country. The only large decrease in abuse was with respect to sedatives, as reported by Germany and Portugal.

Figure IV. Eastern Europe: drug abuse trends, 1994



Note: Based on reports submitted by eight countries in eastern Europe.

Figure V. Western Europe: drug abuse trends, 1994



Note: Based on reports submitted by 20 countries in western Europe.

E. Near and Middle East

41. Only Jordan and Turkey have reported any increase in drug abuse; all the other reporting countries in the Near and Middle East have stated that the drug abuse problem is stable or declining. Turkey has reported a large increase in cannabis abuse and some increase in the abuse of heroin, morphine, sedatives and cocaine, as well as in multiple drug abuse. Jordan has seen a large increase in the abuse of heroin, benzodiazepines and other sedatives. Jordan, Qatar and Turkey have reported the abuse of two drugs that are not under international control but are used for the treatment of Parkinson's disease. Such abuse had previously been encountered only in Latin America.

42. The Islamic Republic of Iran has reported a stable but still sizeable drug problem. Iraq has stated that it has no record of people who abuse narcotics or psychotropic substances. In Israel, the drug abuse problem is stable or declining. There has been no word by the Syrian Arab Republic on the extent of drug abuse in that country.

43. The States in the area of the Persian Gulf, such as Kuwait, Oman, Qatar and the United Arab Emirates, have not reported significant drug abuse problems. Qatar has expressed its concern that illicit drug demand and drug trafficking will rise because of a considerable influx of workers from countries where drugs are produced and abused. Many countries throughout the subregion have mentioned the growing problem of the abuse of volatile solvents.

IV. EMERGING ISSUES RELATED TO DRUG ABUSE

44. Most of the drug-related issues and concerns emerging from the reports involve the almost continuous rise in drug abuse, its effect on prison and criminal justice systems, the spread of HIV and acquired immunodeficiency syndrome (AIDS) as a result of the practice of abusing drugs by injection and the enormous human and financial costs entailed in trying to stop drug abuse and to treat drug abusers.

45. One growing problem in a number of countries is the impact on criminal justice systems of the volume of people arrested for drug-related criminal offences. In some cases, the numbers involved have led to an overloading of criminal justice systems, resulting in serious delays in the processing of all types of cases. The problem is even more serious in countries where the practice is to remand those charged with such offences in custody before trial. The increase in the number of drug abusers and traffickers sentenced to imprisonment is leading to overcrowding of prisons in some countries.

46. Another growing issue is the extent to which drugs are being abused inside prisons. In Africa, for example, there is wide variation: in Nigeria, it is estimated that 5 per cent of prisoners are serving sentences for drug-related offences; in Mauritius, the figure ranges from 25 to 40 per cent. In Asia and the Pacific, the figure ranges from 15 per cent in Myanmar to 45 per cent in Sri Lanka. In Europe, the figure also varies greatly: for example, in Belgium and Spain, about 30 per cent of the prison population is accounted for by drug traffickers or abusers, compared with 60 per cent in Portugal and 90 per cent in Liechtenstein. In the Near and Middle East, the figure is comparatively low: 10 per cent in Oman and 7 per cent in the Syrian Arab Republic.

47. The abuse of drugs in prisons is particularly high in Latin America and the Caribbean, where between 30 and 50 per cent of inmates abuse drugs; one exception is Panama, where the figure is 80 per cent. In Asia and the Pacific, cannabis is the most widely abused drug in prisons in many countries; however, in countries where intravenous drug abuse is widespread, such abuse is also considerable in prisons. That is a particularly alarming situation considering the fact that intravenous drug abusers constitute a high-risk group for HIV infection.

48. The spread of HIV through the sharing of injecting equipment by drug abusers is increasing. In some countries drug injecting has become the main vector for the spread of HIV. Morocco was the only country in Africa reporting the spread of HIV resulting from the abuse of drugs by injection. While the number of cases involved was relatively small (36), the fact that there is a small pool of drug injectors infected with HIV is significant.

49. In the United States there were 85,260 new AIDS cases from July 1993 to June 1994, of which 33 were directly related to heroin injecting. In Mexico only about 2 per cent of the 630 new cases of HIV reported in 1994 were due to drug abuse; in Bolivia the figure was 15 per cent. Belize has reported the abuse of benzodiazepines by injection.

50. In Asia, HIV is continuing to spread at a fast pace. The proportion of the 235 cases of HIV in Nepal that resulted from intravenous drug abuse is not known but there are between 700 and 800 clients enrolled in a needle exchange scheme at Kathmandu, so it is believed that there is little sharing of injecting equipment. In India, however, the spread of HIV has tripled since 1992; intravenous drug users account for 6.5 per cent of the total number of HIV cases and 38.4 per cent of intravenous drug abusers are HIV-positive. In the Indian states of Manipur, Mizoram and Nagaland the prevalence rate for intravenous drug abusers is estimated to be between 1 per cent and 2 per cent of the general population. Intravenous drug abuse is the primary reason for the spread of HIV in the north-eastern states of India. In Manipur, for example, the prevalence rate for HIV infection among intravenous drug abusers is over 55 per cent. Bangladesh has reported that intravenous drug abuse has increased in urban areas, so it is likely that the number of HIV cases will also increase.

51. Indonesia, Singapore and Sri Lanka have reported that intravenous drug abuse is not common and that the spread of HIV through that vector is therefore not an issue.

52. In the first six months of 1994 there were 1,039 notifications of HIV cases and 145 notifications of AIDS cases in Myanmar. No information has been given about the source of infection but needle-sharing among intravenous drug abusers is common, especially in the initial phase of drug abuse. Eighty-six per cent of HIV cases are male.

53. Hong Kong has a large heroin abuse problem. Approximately one half of the heroin abusers inject the drug. By the end of 1994, there were 60 cases of HIV and 19 of AIDS among intravenous drug abusers.

54. In Singapore of a total of 222 HIV cases, 64 were notified in 1994 and only 3 per cent were the result of intravenous drug abuse. Of the 75 AIDS cases, 22 were recorded in 1994.

55. In Europe, the number of HIV cases varies considerably from country to country, as does the proportion of intravenous drug abusers who are HIV-positive. Of the 1,827 cumulative AIDS cases in Belgium, only 6.7 per cent are accounted for by intravenous drug abusers. In Denmark the figure is 7 per cent and in Norway 11 per cent of new HIV cases. In Spain 64.4 per cent of the cumulative 19,012 AIDS cases are the result of intravenous drug abuse. A median country would be Switzerland, where 30 per cent of the 1,600 new HIV cases and 44 per cent of the new AIDS cases are accounted for by intravenous drug abusers.

56. Estimates of drug-related deaths, when available, vary. In Africa, no such estimate has been reported by any country. There have been no cases of drug-related deaths reported in the Near and Middle East.

57. In the Americas, only the United States has reported the number of deaths related to drug abuse: 7,532.

58. In Asia, Myanmar and Singapore have each reported two drug-related deaths. Indonesia has reported nine such deaths. Australia has reported 2.8 drug-related deaths per 100,000 inhabitants. The Government

of Australia has noted that the rate of drug-related deaths has fluctuated from year to year mainly because the purity levels of the drugs abused are subject to considerable variation.

59. In Europe, Finland has reported 208 male and 86 female drug-related deaths. Germany has reported the highest absolute number of drug-related deaths in Europe. Other European countries have reported the following figures for drug-related deaths: Austria, 250; Belgium, 64; Latvia, 65; Netherlands, 120; Switzerland, 353; and United Kingdom, 79.